



Wildwood Park District Emergency Contact Information 2026

33325 N. Sears Blvd.
Wildwood, IL 60030
Email: info@wildwoodparkdistrict.com
Office: 847.223.7275
Fax: 847.223.2820

CHILD'S LAST NAME	CHILD'S FIRST NAME	DATE OF BIRTH
Address:		
City:	State:	Zip Code:

List health / behavioral concerns: i.e., allergies, medications, seizures, diabetes, etc. *(For emergency use)*

PARENT / GUARDIAN INFORMATION

PARENT 1:		
Name:		Relationship:
Cell #	Home#	Work#
Email:		

PARENT 2:		
Name:		Relationship:
Cell #	Home#	Work#
Email:		

EMERGENCY CONTACT

MUST LIST TWO (2) persons to contact in case of emergency if parents are unavailable (other than parents or caregiver).
***The two (2) persons listed may pick up my child if necessary. ** Emergency persons must live within a 10-15 minute drive from camp **.*

CONTACT 1:		
Name:		Relationship:
Cell #	Home#	Work#
Address:		

CONTACT 2:		
Name:		Relationship:
Cell #	Home#	Work#
Address:		

My child will not be released to anyone, but his/her parents, the above persons, or persons listed on 'Authorization For Pick Up' form.

The Wildwood Park District Staff must have **WRITTEN PERMISSION** to release your child to any other person. In case of illness or emergency, I authorize the Wildwood Park District Staff to provide any emergency care deemed necessary for my child, including CPR,AED, administering first aid, and calling emergency medical services.

Date _____ Parent/Guardian Signature _____

Parent/Guardian Printed Name _____



Wildwood Park District Authorization for Pick-Up Form 2026

I _____, as parent/guardian of _____, hereby authorize the following persons to pick up my child from camp on any given date. I hereby agree to inform the following persons that a photo ID may be required in order to pick up my child.

Please Print:

Name	Home phone	Cell Phone	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Child is authorized to sign themselves in/out and walk/bike home
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Persons Permitted to Pick-Up Child Include:

	Yes	No	Name
Mother			
Father			
Guardian			

Persons NOT Permitted to Pick-Up Child Include:

Name	Relationship
1.	
2.	
3.	

I hereby agree that if the above authorization for pick-up of my child changes, I shall contact Wildwood Park District and submit a revised authorization form.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date