Menands Park Program Emergency Slip

***If using for more than one child, please be clear regarding allergy/medical information & leaving the park!*

Child's Name:_____ Age_____

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Allergies/Medical/Concerns:

_____

_____

Parent/Guardian's Name#1: _____ (Please print)

Parent/Guardian's Name#2: _____ (Please print)

Parent/Guardian's Information: Address:_____

(Home#)_____ (Work#)_____(Cell#)_____

Email address: _____

Emergency Contact (***to whom your child may be released to when parent or guardian cannot be reached, parents are always contacted first.)***

Name: _____ Relationship: _____

Telephone: (Home#)_____ (Work#) _____ (Cell#)_____

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.

Parent/Guardian Signature: _____

Date: _____

Please indicate below if your child is allowed to leave the park program before 12 noon without parental supervision.

____ Yes, I allow my child to leave the park program without parental supervision.

____ No, I do not wish for my child to leave the park program before 12 noon.