



# 2018 Summer Kids in Parks Program

## Olympia Parks, Arts and Recreation Department Child Medical Information/Emergency Treatment Form

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
ages 6-12 yrs old

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### If above person cannot be reached, please notify one of the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Significant illness/operations we should be aware of: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Allergies (food, bee stings, etc.): \_\_\_\_\_

Special Needs/A.D.A. Recommendations: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Participant's regular medical care provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide information about any behavioral challenges your child may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What indicators or environmental factors influence the behavior: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What actions or tools are effective in redirecting your child's behavior?

Verbal cues: \_\_\_\_\_

\_\_\_\_\_

Time out/length of time: \_\_\_\_\_

Incentives and/or positive reinforcements: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Please list current medications and schedule:

Medication	Dosage	Time of Dose
_____		
_____		
_____		
_____		

Please indicate which, if any, of these medications interact with the sun: \_\_\_\_\_

**Note: Parks & Recreation employees and volunteers cannot administer medications**

**AUTHORIZATION FOR EMERGENCY TREATMENT**

I hereby freely and voluntarily authorize the City of Olympia Parks, Arts & Recreation Department to request and obtain emergency medical care at my expense for \_\_\_\_\_ from such medical care provider as is immediately available in any situation which department employees or agents determine such care is required.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Waiver for Participant

In consideration for the City of Olympia Parks, Arts and Recreation Department accepting my and/or my child's entry into this camp/program, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of the activity. I release photographic images to be used for promotional purposes of events and programs. I do further release, absolve and waive any right to bring a claim, action suit, or other proceeding against the City of Olympia; the Olympia Parks, Arts and Recreation Department; Olympia School District No. 111; the organizers and sponsors of the program; or instructors of the program for damages due to any injuries suffered as a result of participation in the program except for the sole negligence of the City.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant or Parent/Legal Guardian

\_\_\_\_\_  
Date

Continue on reverse side →

# Child Pick-Up Release Form

I hereby authorize the \_\_\_\_\_ individuals listed below to pick up my child, \_\_\_\_\_  
(#) (child's name)  
from the Olympia Parks, Arts & Recreation Department's SKIPP program.

	<u>Authorized Names</u>	<u>Phone</u>
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____
(5)	_____	_____
(6)	_____	_____

**Yes**  **No** I authorize my child to arrive and depart on his/her own at the beginning and end of the day.

\_\_\_\_\_  
(Guardian Signature)

\_\_\_\_\_  
(Date)

## How did you hear about this program?

- City's website: [olympiawa.gov](http://olympiawa.gov)
- school newsletter
- The Olympian
- Facebook/Twitter
- word of mouth
- other \_\_\_\_\_

Thank you 😊

