



2010 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: _____

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form, please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)		Age	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		City	ZIP	School	Grade
Parent/Guardian Name (First & Last)		Signature		Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	
Day Phone	Cell Phone/Pager	Evening Phone	E-mail		
Address (if different than above)		City	ZIP		

EMERGENCY CONTACTS

The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list non-registering parents, guardians, and others you would like us to contact if we cannot reach you.

1) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP
2) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

Please list all individuals who are authorized to pick up your child. Individuals listed must be at least 14 years old. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.

1) Name	Relationship	Day Phone	Evening Phone
2) Name	Relationship	Day Phone	Evening Phone
3) Name	Relationship	Day Phone	Evening Phone
4) Name	Relationship	Day Phone	Evening Phone
5) Name	Relationship	Day Phone	Evening Phone

Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 388-151-460)

MEDICAL HISTORY AND AUTHORIZATION FORM

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

Physician Name (First & last)	Phone	
Address	City	ZIP
Medical Insurance Company	Policy No.	
Preferred Hospital for Treatment	Date of Last Physical Exam: Month _____ Year _____	

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness.

I assume full financial responsibility for emergency treatment for my child.

SIGNATURE _____ **DATE** _____

GENERAL AUTHORIZATIONS AND INFORMATION

My child has attended a Seattle Parks School Age Care Program. No Yes – Location: _____

My child has the following behavioral issues of which staff should be aware _____

I handle these behaviors in the following way: _____

My child is allergic to or cannot eat the following foods: _____

My child experiences the following:

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Allergies | <input type="checkbox"/> Currently Taking Medication
_____ Home _____ School _____ Program |
| <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Asthma | <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Other _____ |

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip as posted, by means of walking, public bus, Dept van, yellow bus. YES NO Initial Here _____

My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. YES NO Initial Here _____

Swimming Ability: **Non Swimmer** **Beginner** **Intermediate** **Advanced**

My child may apply sunscreen _____ times during the day. **I will provide sunscreen.** YES NO Initial Here _____

My child may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications. YES NO Initial Here _____

RELEASE AND INDEMNITY AGREEMENT

The above information is true and complete to the best of my knowledge. I also confirm the authorizations and consent detailed within this document, including but not limited to medical treatment, field trip and other activity participation, sign-in and sign-out by child, photos of child, and emergency contacts. I understand that should my child act in a manner that is unsafe for him/herself, other participants or staff, he/she may be excluded from the program. Accordingly, I have told my child to obey all directions of the staff, to comply with all safety instructions, and to refrain from unsafe practices. I hereby release, discharge, and promise not to sue the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, the community center, and their employees, volunteers, officers, and agents from all liability to me, my child, and my child's personal representatives, assigns, heirs, and next-of-kin for all claims, demands, losses, or damages because of any injury or damage to property caused or arising from my child's participation in the program.

SIGNATURE _____ **DATE** _____

PRINT NAME _____