



Hampshire Township Park District
Little People Playtime Program Emergency Form

Child's Name \_\_\_\_\_ Class (entering in the fall) \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

First Parent/Guardian \_\_\_\_\_ Relation \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
Primary Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_
Primary Email \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_ Relation \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
Primary Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_
Primary Email \_\_\_\_\_

Only persons listed above and below will be allowed to pick up your child.

Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_
Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_
Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_
Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Allergies, Illness or other Conditions \_\_\_\_\_
Does your child need to take medication during the program? \_\_\_\_\_ If yes, please complete a Permission to Dispense Medication Form and Waiver.
Does your child have a severe food allergy or have a prescribed Epi Pen? \_\_\_\_\_ If yes, please complete a Food Allergy Action Plan.
Does your child have Asthma and use medication for control/relief? \_\_\_\_\_ If yes, please complete an Asthma Action Plan.
The Hampshire Township Park District welcomes individuals with disabilities into the program. Please describe any accommodation needed for successful inclusion into the program. \_\_\_\_\_

IMPORTANT INFORMATION:
I have read and fully understand the Important Information, Waiver of Release of All Claims & Assumption of Risk. I further understand that my signature is required below in order to participate in the Hampshire Township Park District programs. In addition, I agree to abide by all of the policies/procedures contained in the Parent Handbook.
EMERGENCY TREATMENT We/I understand that the Hampshire Township Park District has the discretion to summon emergency medical services for our/my child in the event of a medical emergency. Initial \_\_\_\_\_
We/I have received the Parent Handbook and agree to comply with the guidelines included in the handbook. Initial \_\_\_\_\_
We/I have read the payment policies and understand that I am fully responsible for payments to the program. Initial \_\_\_\_\_
SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_