

Your child will not be allowed to attend the first day of camp without a completed Emergency Card on file at the camp location!

## Cary Park District – Summer 2024 Day Camp Emergency Card Camp ECHO & ECHO Extreme Participants

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Grade Fall 2024: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Can we contact either parent if a need arises?      YES      NO

Are both parents/guardians listed above authorized for pick-up?      YES      NO      If no, please explain \_\_\_\_\_

If NO, which parent/guardian is not authorized for pick-up? \_\_\_\_\_

### Authorization for Pick-Up/Release of Child

In addition to the names listed above, I give permission for the following person/people to pick-up my child. Please understand that an identification will be required at time of pick up.

|    | <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> |
|----|-------------|---------------------|---------------------|
| 1) | _____       | _____               | _____               |
| 2) | _____       | _____               | _____               |
| 3) | _____       | _____               | _____               |

### Medical Information:

If your child requires or may require medication of any sort to include but not limited to medicines, inhalers, epi-pen, insulin, etc. additional forms will be required. Below are the forms needed for the different types of medical diagnosis. If your child requires something not listed, please contact the program manager.

| <u>Asthma</u>  |
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| <ul style="list-style-type: none"><li>• Asthma Action Plan</li><li>• Permission to Dispense Medication</li><li>• Medication Dispensing Information</li></ul> |

| <u>Food Allergy</u>  |
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| <ul style="list-style-type: none"><li>• Food Allergy Emergency Action Plan</li><li>• Permission to Dispense Medication</li><li>• Medication Dispensing Information</li></ul> |

| <u>Allergy – Non Food</u>   |
|---|
| <ul style="list-style-type: none"><li>• Permission to Dispense Medication</li><li>• Medication Dispensing Information</li></ul> |

Does your child have any medical conditions we need to know about or that require additional forms?      Yes      No

If yes, please list conditions: \_\_\_\_\_

Does your child need any special accommodations in order to be successful in this program? (I.e. specialized equipment, behavior plan, etc.)

### Consent for Treatment: (Please enter your child's name on the line)

THIS CONSENT WILL BE VALID BETWEEN JUNE 3, 2024 AND AUGUST 9, 2024 OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL CONSENT FOR THE CARY PARK DISTRICT TO TAKE MY CHILD TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF THE CARY PARK DISTRICT IS UNABLE TO CONTACT THE PARENT OR GUARDIAN.

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_