VANDALIA PARKS AND RECREATION DEPARTMENT
PARTICIPANT INFORMATION FORM

I, the undersigned, hereby agree for my child to participate in the Vandalia Parks and Recreation Department program under the rules and regulations of the Vandalia Parks and Recreation Department. I further certify that all information given below is true and correct. The nature and scope of this program has been outlined to me by the VPRD and I understand there are risks and dangers associated with the program. I understand that it is not possible for the City of Vandalia, its employees, agents and operators to guarantee that each participant has the complete safety of this program. I also understand that each participant has the responsibility to exercise due care for the safety of herself/himself and the other participants.

PARTICIPANT NAME: ______________________________ AGE: ________ BIRTH DATE: ___________

GRADE: ___________

PARENT'S NAME: MOTHER: ___________________________ FATHER: _________________________

ADDRESS: ____

CITY: _______________________________________ STATE: __________ ZIP: ___________________

HOME PHONE: __________________________ WORK PHONE: ________________________________
MOTHER

____
FATHER

EMERGENCY CONTACT OTHER THAN PARENT:

NAME: ____ PHONE: ______________________________
RELATIONSHIP, IF ANY ____

MEDICAL ISSUES STAFF SHOULD BE AWARE OF (I.E. MEDICATION, FOOD ALLERGIES):_______

____

BEHAVIORAL ISSUES STAFF SHOULD BE AWARE OF: ______________________________________

____

HOW WELL CAN YOUR CHILD SWIM? (PLEASE CIRCLE ONE)

NOT AT ALL BEGINNER INTERMEDIATE ADVANCED

THE VANDALIA PARKS AND RECREATION DEPARTMENT RESERVES THE RIGHT TO RESTRICT PARTICIPATION IN PROGRAMS/ACTIVITIES BASED UPON RISK.

If for some reason, medical attention becomes necessary due to illness or injury, I ___________________________ agree to allow ____________________________ to be treated by trained medical personnel.

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to: ____
____

______________________________ ________________
PARENT/GUARDIAN SIGNATURE DATE

(OVER PLEASE)

VANDALIA PARKS AND RECREATION DEPARTMENT
EMERGENCY MEDICAL AUTHORIZATION FORM

____
Participants Name

____
Address

____
Telephone

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured, when parents or guardians cannot be reached.

PART I OR II MUST BE COMPLETED
PART I TO GRANT CONSENT

In the event reasonable attempts to contact me at ______________________ (phone number) or ______________________(other parent or guardian) at ______________________ (phone number) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr.______________________ (preferred physician) or Dr.______________________ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to ______________________ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

____

____

____

____

____

______________ ______________________________
Date Signature of Parent or Guardian

DO NOT COMPLETE PART II IF YOU COMPLETED PART I
PART II REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to:

____

____

____

____

______________ ______________________________
Date Signature of Parent or Guardian