

Name of School: _____

Please circle the grade your child is attending: **K 1 2 3 4 5**

Circle Time Attending: **5 Days 3 Days AM PM AM/PM**

Junior Counselor Extended Time Site: _____



CRYSTAL LAKE PARK DISTRICT
An IAPD/IPRA Distinguished Agency

Extended Time Emergency Form

Child's Name _____ Birthday _____ Age _____ Grade in Fall _____

Child's Name _____ Birthday _____ Age _____ Grade in Fall _____

Child's Name _____ Birthday _____ Age _____ Grade in Fall _____

Home Address _____ City _____ Zip Code _____

**Parent/
Legal Guardian** _____ Home Phone # _____ Cel Phone# _____

Address _____ City _____ Zip Code _____
(If different from above)

Business Address _____ Work Telephone # _____

Second Parent/Legal Guardian _____ Home Phone # _____ Cel Phone# _____

Address _____ City _____ Zip Code _____
(If different from above)

Business Address _____ Work Telephone# _____

If not available in an emergency, notify:

1. Name _____ Relationship _____ Telephone _____

2. Name _____ Relationship _____ Telephone _____

ALLERGIES – List all known

Medication Allergies (List)

Describe Reaction and Management of the Reaction

Food Allergies (List)

Other Allergies (List) -include insect stings, hay fever, asthma, animal dander, etc.

Complete the Reverse Side

Physician Information

Name of Physician _____ Telephone _____

Address _____ City _____

Name of Dentist _____ Telephone _____

Address _____ City _____

Authorization for Emergency Medical Treatment

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Name of Minor: _____ Relationship _____

Name of Minor: _____ Relationship _____

Name of Minor: _____ Relationship _____

School Year: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Date _____

Crystal Lake Park District Waiver and Release of All Claims and Assumption of Risk

Read this form carefully and be aware that in signing and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Crystal Lake Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as the Crystal Lake Park District).

I do hereby fully release and forever discharge the Crystal Lake Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature _____ Date _____

Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.