NAME OF CAMP_____

CITY OF WESTERVILLE
PARKS AND RECREATION DEPARTMENT
MEDICAL AND PERMISSION FORM

350 N. Cleveland Ave | Westerville, Ohio 43082 | (614) 901-6500 | www.westerville.org

Please complete multiple forms if you have multiple children attending camps

Participant's Name _____ Date of Birth _____
Home Address _____ Home Phone _____
Parent/Guardian (First and Last Names)
_____Relationship_____ Work Phone _____
Email Address_____ Cell Phone _____
_____Relationship_____ Work Phone _____
Email Address_____ Cell Phone _____

EMERGENCY CONTACTS (FRIENDS OR FAMILY, AT LEAST 18 YRS OF AGE, WE CAN CONTACT)

Name _____ Relationship_____ Best Phone Number to use_____
Name _____ Relationship _____ Best Phone Number to use _____

ALLERGIES, SPECIAL HEALTH, AND MEDICAL CONDITIONS

Please check the appropriate box if your child has any of the follow (check all that apply)

☐ Allergies- Please list all that apply _____
☐ Special Health or Medical Conditions- Please list all that apply_____
☐ Dietary Restrictions-Please list all that apply_____
☐ Medication or Supplements-Please list all that apply_____

Drug Administration Policy: Over-the counter drugs cannot be administered without a physician's note unless the child's age and dosage is listed on the bottle. In the case of a prescription drug, the parent must fill out and sign an Administration of Medication Form. All medication must be in the original container with child's name and dosage amount on container.

Explain in details any of the above information checked (history or previous health concerns)

_____
_____
_____
_____
_____
_____
_____

EMERGENCY MEDICAL AUTHORIZATION

Please complete either Part I or Part II (not both)

PART I

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 the administration of any treatment deemed necessary by Dr. _____ or in the event the designated preferred practitioner is not available, by another licensed physician, and the transfer of the child to Hospital or any hospital reasonably accessible. This authorization does not cover surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.
Medical Insurance Carrier: _____

Date: _____ Parent/Guardian Signature _____

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PART II

Refusal to Consent. 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 (specify action)
(Name of Program)

Date: _____ Parent/Guardian Signature _____

PERMANENT PERMISSION FORM

Premises Transportation Rights

My child(ren), _____, has/have permission to leave the premises of 350 N. Cleveland Ave. or 64 E. Walnut St. or any other registered site by foot, auto, City of Westerville van or bus, with Parks and Recreation Department staff to participate in field trips, which are planned as part of any session of the Day Camp.

Parent/Guardian Signature _____

Secondary Parent/Guardian Pick-Up

The following persons, other than his/her/their legally responsible parents/guardians, have permission to pick up _____ at the close of any session of Day Camp.
Child(ren)

Name	Relationship

Additional Notes: Any information that you deem important for the Camp Director/ Camp Staff to be knowledgeable of about your child(ren).

_____
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ACKNOWLEDGEMENTS OF POLICIES AND PROCEDURES

This form states that all the above information is correct and updated, as well as acknowledges that the parent/guardian has received and reviewed the Parent Handbook with signature from parent/guardian.

Date _____ Parent/Guardian Signature _____

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE CHILD(REN) IS ACCEPTED IN TO CAMPS