PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

2013 Summer Nature Day Camp

After Care Form & Medical Release

Camp Site/Park:_____ Week of_____

General Participant Information

Child's Full Name _____Age _____

Parents/Guardians Names_____

"Best" Phone_____Additional Phone Numbers_____

People authorized to pick up child_____

Emergency Information

Parents will be contacted first, but please give us an alternative contact for emergencies.

Emergency Contact's Name _____Phone _____

Does your child have allergies or health considerations that staff should be aware of? If so, please describe.

_____

_____

_____

Medical Treatment Waiver & Authorization

As the parent or legal guardian of _____, I hereby grant permission for my child to participate in Nature Day Camp's After Care Program. In the event of an emergency, accident or illness, I authorize the City of Portland and its agent(s) to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. In the event that I cannot be reached in a medical emergency, I hereby give permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

My signature below hereby represents that I have read, understand, and consent to the terms and conditions of this document.

_____ _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN ADDRESS

_____ _____

RELATIONSHIP CITY, STATE, AND ZIP CODE

My child will be in After Care on the following days:

☐ MONDAY	☐ TUESDAY	☐ WEDNESDAY	☐ THURSDAY	☐ FRIDAY
Date:	Date:	Date:	Date:	Date:
Approximate pick up time:	Approximate pick up time:	Approximate pick up time:	Approximate pick up time:	Approximate pick up time: