PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

2015 Summer Nature Day Camp

After Care Form & Medical Release

Camp Site/Park:_____ Week of_____

General Participant Information

Child's Full Name _____ Birthday _____ Age _____

Parents/Guardians Names_____

Address _____ City _____ State _____

"Best" Phone_____Additional Phone Numbers_____

If we are unable to reach parents/guardians in case of an emergency, who should be notified?

Name_____ Relationship_____ Phone _____Physician's

Medical Information

Snacks are served at After Care! Does your child have any FOOD Allergies? ☐YES ☐NO To what?_____

Reaction if Ingested? Touched? Inhaled? _____

Year of most recent Tetanus Vaccination_____

Insurance Provider _____ Insurance or Medical Policy No._____

In case of injury, participants will be taken to the nearest hospital: on the west side of Portland to St. Vincent or Good Samaritan and on the east side to Providence or Kaiser Sunnyside, unless you specify another hospital.

Please take my child to _____.

In participating in programs sponsored by Portland Parks and Recreation, I hereby acknowledge that I am the legal guardian for the above named participant. I understand there are risks of accidents, resulting in bodily harm to my child named above, arising out of those activities. I hereby acknowledge that my child has the physical capacity reasonably necessary to engage in each activity for which I have enrolled him/her. However, I do hereby waive all claims, which I might have against the City of Portland, or any of its officers, agents or employees by reason of bodily injuries or death, that my child might suffer arising out of his/her participation whether or not caused by the City's negligence. In case of emergency, accident or illness, I give my permission to have my child treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses, and loss of personal property, incurred in my child's behalf.

Signature of Parent or Guardian _____ **Date** _____

Children may be picked up any time between 3:15pm and 6:00pm.

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

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