

Participant Emergency Information



PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland



Participant Last Name: _____

Site: _____ Program: _____

CONTACT INFORMATION

Name: _____ Goes By: _____ Birthday: _____

Parent/Guardian Name(s): _____ Primary Phone: _____

Phone 2: _____ Phone 3: _____ Phone 4: _____

Address: _____ City: _____ ST: _____ Zip: _____

If we are unable to reach you in case of an emergency, who should be notified? List in order of preference.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

CHILD PICK-UP: Who will typically pick-up your child? _____

People other than yourself allowed to pick-up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION: Health Insurance Provider: _____ Policy Number: _____

Does the Participant have a disability requiring any accommodations? Yes No

If yes, please explain: _____

If yes, have you contacted the Portland Parks & Recreation Inclusion Specialist at (503) 823-4328. Yes No

Asthma/Respiratory Condition Attention Deficit Disorder Hearing Impaired/Deaf Sun Burns Easily

Developmentally Delayed Diabetes Unusual Bleeding

Seizures, Type & Frequency _____

Bee Sting Allergy: _____ Reaction: _____

Pollen or Food Allergies: _____ Reaction: _____

Medication Allergies: _____ Reaction: _____

***If your child has medications that need to be administered during program hours, you will need to complete a medication administration form. Forms are available at the front desk or online.**

CAMPER BEHAVIOR

When your child gets frustrated or upset, how do they typically display their anger or frustration?

What's the best way to calm down your child when they get upset? What do they respond to?

Is there any other information that would help your child have a successful camp experience?

SWIMMING INFORMATION – For your child's safety & security, we require the following information.

Does your child need to wear a life jacket when in the pool? Yes No

If NO - Can your child independently swim the length of the lap pool

and complete a swim test if the pool has a depth of greater than 3 ft? Yes No

If NO or your child does not successfully complete the swim test, they will be required to wear a life jacket.

MEDICAL EMERGENCY WAIVER: 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 them. 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 their 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.

FIELD TRIP WAIVER: I also give permission for the above named child to participate in supervised neighborhood walks and off site field trips with the Portland Parks & Recreation staff. I understand for off site field trips, my child will be transported in chartered school buses or in City of Portland 15 or 7 passenger vans and/or public transportation within Oregon unless otherwise stated.

Parent/Guardian Signature

Today's Date