



Jr. LEADER LAST NAME: \_\_\_\_\_  
DATE/YEAR FORM COMPLETED: \_\_\_\_\_

## Portland Parks & Recreation Jr. Leader Emergency Information 2019

\*So we can keep the most updated & accurate information, we ask you to fill-out a new form every summer.

### CONTACT INFORMATION

Jr. Leader's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other #: \_\_\_\_\_

If we CAN NOT REACH a parent/guardian, list in order of whom to call in case of an EMERGENCY?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### TRANSPORTATION INFORMATION

How will the Jr. Leader be traveling to and from the training?  Walking / Bike  Bus  Parent

How will the Jr. Leader be traveling to and from volunteer sites?  Walking / Bike  Bus  Parent

\*In the event that a Jr. Leader can not make it to a day of training or volunteer site, please call to let the trainer or site supervisor know.

### HEALTH & MEDICAL INFORMATION (Please check ALL that apply)

Asthma/Respiratory Condition  Attention Deficit Disorder  Hearing Impaired/Deaf

Developmentally Delayed  Diabetes  Unusual Bleeding

Seizures, Type & Frequency \_\_\_\_\_  Sun Burns Easily

Bee Sting Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Pollen or Food Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

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

### SWIMMING INFORMATION

Has the Jr. Leader taken swim lessons?  No  Yes If yes, what level? \_\_\_\_\_

Does the Jr. Leader feel comfortable in water deeper than his/her height?  Yes  No

Would the Jr. Leader prefer to wear a life jacket when in the pool?  Yes  No

**MEDICAL EMERGENCY WAIVER:** In participating in programs sponsored by Portland Parks and Recreation, I hereby acknowledge that I understand there are risks of accidents, resulting in bodily harm to my child, 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 which my child might suffer arising out of his/her participation. 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 incurred in my child's behalf.

**FIELD TRIP WAIVER:** I also give permission for the above named child to participate in supervised neighborhood walks & off-site field trips with the Jr. Leader program. I understand for off-site field trips, my child will be transported in chartered school buses or in City of Portland 15 passenger vans.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date