



EMERGENCY/PERMISSION FORM
Plainfield Park District
Preschool Summer Program

Name of Participant _____ Home Phone # _____

Address _____ City _____ Zip _____

Parent/Guardian _____ Cell Phone # _____

Parent/Guardian _____ Cell Phone # _____

In the event of an emergency, please list an additional local contact:

Name _____ Relationship _____ Phone _____

Does your child have any restrictions or allergy to food or drink? ____yes ____no

If yes, what? _____ Does your child carry an epi-pen? ____yes ____no

CARPOOL INFORMATION

The following individual(s) have permission to pick up my child from class. Children will not be released from class to any person **NOT** placed on this list. You may add or delete from list at any time needed.

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

3. _____ Phone _____ Relationship _____

PARENT PERMISSION TO PROVIDE HOSPITAL TREATMENT

I hereby give my permission to the Plainfield Park District to have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume full financial responsibility for this.

Signature: _____ Date: _____