

Fox Valley Park District

Emergency Contact/Authorization Form

CHILD NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

BIRTHDATE _____ AGE _____

Parent / Guardian Name _____ Primary Phone _____

Parent / Guardian Name _____ Primary Phone _____

Child's Physician Name _____ Phone _____

Physician's Address _____ City _____

Child's Medical Conditions (allergies, including food; asthma, etc) _____

Do you want your child to wear a life jacket on all pool trips? Yes No

Child's Swimming Ability (please select one): Beginner Intermediate Advanced

Note: Children under 48 inches tall must wear life jackets at all Fox Valley Park District Pools at all times.

1. Emergency Contact Person _____

Relationship to Child _____

Primary Phone _____ Secondary Phone _____

2. Emergency Contact Person _____

Relationship to Child _____

Primary Phone _____ Secondary Phone _____

Persons authorized to pick up child:

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

I acknowledge that I have fully read and understand all sections of the Fox Valley Park District Camp Parent Handbook and that my signature confirms receipt and agreed compliance of these policies and guidelines.

Signature: _____ Date: _____
