Participant Information Form

NE Tacoma Elementary Late Start

Please complete **both** sides and return

Name of Participant ____ Birthdate _______________________

Grade ___________ Student ID _____________ Gender _______ Ethnicity_____________

Address ____ City ______________ Zip _________

Main Contact

Parent/Guardian ___________________________________ Phone Number______________________

Other phone(s) ______________________________ E mail ______________________________________

Emergency Contact_________________________________ Relationship___________ Day Phone_______________

In addition to parent/guardian and emergency contact above, the following individuals are authorized to pick up my child.

Name Relationship Phone Number

1) ____

2) ____

3) ____

Medication & Behavioral Needs

Will your child need to take medication during program hours? ❑ Yes ❑ No
Does your child have behaviors that staff should be aware of? ❑ Yes ❑ No
If yes to either, please fill out the back side of this form

Primary Care Provider

Physician Name ____ Phone _____________________
Hospital Preference ____

Swimming

My child has permission to participate in swimming activities at Metro Parks Tacoma facilities ❑ Yes ❑ No
Swimming Ability: ❑ Non Swimmer (Needs Life Jacket) ❑ Beginner ❑ Intermediate ❑ Advanced

Dietary Needs & Restrictions (if your child has restrictions, please pack individual snacks & lunch)

List restrictions or needs ____

Please check answer and explain if needed

Is your child allergic to any medication? ❑ Yes ❑ No ❑ Unknown
Is your child allergic to any foods? ❑ Yes ❑ No ❑ Unknown
Does your child have any other allergies?
(hay fever, asthma, etc.)? ❑ Yes ❑ No ❑ Unknown

If yes to any of the above, please describe reaction and treatment management:

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Transportation: My child has permission to use TPS transportation from the Center at Norpoint to NE Tacoma Elementary School.

❑ Yes ❑ No

Photos: My child may be photographed for publication and promotions

❑ Yes ❑ No, do **NOT** use photos of my child

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Medication Information

❑ **This person will need to take medication during program hours**
This person routinely takes the following medications including over-the-counter or non-prescription medications:

Name of Medication	Dosage	List Time(s) to be taken	Name of Doctor
How? (i.e. with water, after meal, on empty stomach, etc.)			
Reason for taking			

I want the program to: (check all that apply)
❑ Store camper's medication ❑ Remind and watch camper take medication ❑ In emergency, know about camper's medications

Please talk with the camp director about medication needs and schedules. Package medication in pill reminder boxes or envelopes clearly marked with participant's name, day and time medication is to be taken. Call regarding liquid medication or medication that must be refrigerated.

Behavioral Information

Explain any restrictions to activity (e.g. what cannot be done, what adaptation or limitations are necessary). Is there any activity in which your child needs one-to-one supervision? Explain

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Any additional information about the camper's behavior or physical, emotional or mental health which the camp should be aware? Include recommendations for handling these issues during the camp experience.

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RELEASE OF LIABILITY

I waive all rights and release all claims that might be had against the Metropolitan Park District of Tacoma, its hired or contracted instructors, and their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child's participation in the above activity offered by the Park District, in consideration of permission of the Park District to participate in the activity.

I consent to my child's participation in the activity/program of the Metropolitan Park District of Tacoma, and authorize the District and its employees or agents to provide emergency medical treatment for my child or on my behalf. To the best of my knowledge, my child has no physical or other conditions which would interfere with his/her participation.

____________ ______________________________________

Date Signature of Parent or Legal Guardian