



Parent or Guardian Consent Form

1. In the event I cannot be reached in an emergency involving my child, I hereby give permission to the authorized personnel of the park district to provide emergency care through paramedics and, when necessary, a local hospital.
2. I give authorization to the following people, other than myself, to pick up my child (Person must be 18 years and older; list all persons **including spouse**, if applicable):

Please Print

Name	Relationship	Home Phone	Cell Phone

I give my permission for my child to be included in photos/video for publicity purposes.

Parent or Guardian Signature _____ Date _____

Home Phone _____ Cell Phone# _____ Emergency Phone # _____

Child's Name _____