

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).
3. I understand that I, or authorized individuals listed on this form, will be asked to present a photo ID before I will be able to sign my child out of camp programs.

Please Print

Name	Relationship	Home Phone	Cell Phone
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Guardian 1:

Guardian 2:

Emergency Contacts:

I give my permission for my child to be included in photos/video for publicity purposes. Allowed Not Allowed

Parent or Guardian Signature

Date

Home Phone

Cell Phone#

Emergency Phone #

Child's Name
