



PERMISSION FORMS

One Form Per Child

Playground Site: _____

Participant's Name: _____ Age: _____ Email: _____

Parent Name: _____ Phone: _____ Cell: _____

Medical Emergency Form

Emergency Contact: _____ Phone: _____ Cell: _____

Hospital Preference _____

I, _____ give Hempfield Area Recreation Staff permission to administer or seek out necessary medical care for my child _____ in the event that I or the emergency contact cannot be reached.

Parent Signature

Date

Medical Information

My child has the following allergies and or dietary restrictions:

I give my child permission to take the following medications at the specified times while at Summer Playground. I understand that my child must self-administer the stated medication and that HARC playground staff will not be allowed to keep any medication in their supervision.

Medication: _____ Time(s) to be taken: _____

Medication: _____ Time(s) to be taken: _____

Parent/Legal Guardian Signature: _____ Date: _____

Revised T.Gaito.4/16/09

HA RC **Hempfield** AREA RECREATION COMMISSION PERMISSION FORMS

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Playground Site: _____

Participant's Name: _____ Age: _____ Email _____

Parent Name: _____ Phone: _____ Cell: _____

Field Trips

I, _____, give my child/ren, _____,
permission to ride the bus for any field trips that they are signed up for.

Parent Signature

Date

Site Dismissal Form

I give my child permission to leave Summer Playground Without a Parent or Legal Guardian:

- Anytime*
- At the End of the Day **
- Only when accompanied by _____
- Other _____

* All playgrounders must sign out and tell a staff member before leaving the site at any time.

** End of day times are (SS 12 noon), (all other sites, 3:30pm; Fridays, 12 noon).

Revised T.Gaito.4/16/09