

2020 Emergency Contact Form



Each camp participant must have this form submitted each year before registration can be accepted. Information is used for emergency purposes only.

Child's Name: _____ Age: _____ D.O.B. _____ Gender: _____

PRIMARY CONTACT

Parent/Guardian Name: _____ Primary Phone: _____

Home Address: _____ City _____ State _____ Zip _____

Email: _____ Daytime Phone: _____

EMERGENCY CONTACTS (The parent/guardian listed above is the primary contact. Please list two additional contacts)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Additional persons authorized to pick up child from camp:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

HEALTH INFORMATION

Please list any allergies or food restrictions:

Please indicate if your child has any Medical / Educational Diagnosis:

- | | | | | |
|---------------------------------------------|------------------------------------------------|------------------------------------|--------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Ear Infection(s)/tube | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Insect Sting Allergy/Sensitivity |
| <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> Asthma | <input type="checkbox"/> EADD/ADHD | <input type="checkbox"/> Other _____ | |

Does your child need assistance to participate in camp? ☐ Yes ☐ No

We invite and welcome people of all abilities to participate in our programs. If you or your child needs assistance to participate, please let us know at the time of registration or at least 2 weeks prior to the start of the camp. For more information please contact Malory Smysor, Coordinator of Inclusive Services at 314-290-8507 or msmysor@claytonmo.gov.

Please list any prescriptions and/or medications your child is taking:

Please list any remarks and/or recommended precautions for your child:

AUTHORIZATION FOR EMERGENCY CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physicians or hospital of my choice. If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical treatment, I hereby authorize Clayton Parks and Recreation to contact Clayton Emergency Medical Services (EMS) for transport to an emergency care facility. I understand that emergency personnel may choose to contact my child's physician:

Dr. _____ Phone _____

Parent/Guardian Signature _____ Date _____

SUNSCREEN PERMISSION

The Department of Human Services prohibits camp staff from applying sunscreen to children without a parent's or doctor's approval. Therefore, without your permission, camp instructors will not apply sunscreen to your child. Please apply waterproof sunscreen to your child before camp. If you have a preferred sunscreen, please send it with your child, as the staff will remind children to apply sunscreen to themselves throughout the day.

I authorize the staff to provide and apply sunscreen to my child. ☐ Yes ☐ No

Parent/Guardian Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY

My family and I hereby waive and release the City of Clayton, the Clayton School District, the Clayton Recreation Sports & Wellness Commission, contractual service providers and their representatives from claims for damages and/or injuries incurred while participating in or as a spectator at a City of Clayton, Clayton School District or Clayton Recreation Sports and Wellness Commission sponsored activity. I have read and understand the registration and refund policies. Registration is invalid without signature. I also agree, as a participant or a parent of a minor participant, to grant full permission to the City of Clayton, Clayton School District, Clayton Recreation Sports and Wellness Commission or contractual service providers to use my name, photograph, videotape or recording for promotional purposes without obligation or liability to me or my family.

Name of Person Registering Participants

Street Address and Zip Code

Signature of Person Registering Participants

Day Phone

Please return this form to The Center of Clayton prior to registration.

Mail: 50 Gay Avenue, Clayton, MO 63105 | **Fax:** 314-290-8517 | **Email:** camps@claytonmo.gov

Forms and registration available at The Center of Clayton welcome desk and online at www.claytonmo.gov/camps.