

Name of School: \_\_\_\_\_

Please circle the grade your child is attending: K 1 2 3 4 5

Circle Time Attending: 5 Days 3 Days AM PM AM/PM

Junior Counselor Extended Time Site: \_\_\_\_\_



CRYSTAL LAKE PARK DISTRICT  
An IAPD/IPRA Distinguished Agency

## Extended Time Emergency Form

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/  
Legal Guardian** \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cel Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(If different from above)

Business Address \_\_\_\_\_ Work Telephone # \_\_\_\_\_

**Second Parent/Legal Guardian** \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cel Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(If different from above)

Business Address \_\_\_\_\_ Work Telephone# \_\_\_\_\_

### If not available in an emergency, notify:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

### ALLERGIES – List all known Medication Allergies (List)

\_\_\_\_\_  
\_\_\_\_\_

### Describe Reaction and Management of the Reaction

\_\_\_\_\_  
\_\_\_\_\_

### Food Allergies (List)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Other Allergies (List) -include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Complete the Reverse Side

**Physician Information**

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Name of Minor: \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Relationship \_\_\_\_\_

School Year: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Crystal Lake Park District Waiver and Release of All Claims and Assumption of Risk**

Read this form carefully and be aware that in signing and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Crystal Lake Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as the Crystal Lake Park District).

I do hereby fully release and forever discharge the Crystal Lake Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.**