



## PARTICIPANT EMERGENCY FORM

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Pronouns: \_\_\_\_\_  
Grade (entering in Fall): \_\_\_\_\_

Are any accommodations necessary for successful inclusion in this program?  Yes  No  
If yes, staff will reach out to you for more information.

### FAMILY INFORMATION

Address: \_\_\_\_\_  
In case of emergency, who should be contacted first?: \_\_\_\_\_  
Parent/Legal Guardian 1: \_\_\_\_\_ Parent/Legal Guardian 2: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Secondary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
(if applicable): \_\_\_\_\_ (if applicable): \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

### OTHER CONTACTS

Emergency Contact 1: \_\_\_\_\_ Emergency Contact 2: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Secondary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
(if applicable): \_\_\_\_\_ (if applicable): \_\_\_\_\_

Are there any individuals who are not authorized to pick up your child?  Yes  No  
If yes, please list their name and relationship to the child below.

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**ALLERGIES**

Does the participant have any known food allergies?  Yes  No

If yes, please complete the Food Allergy and Anaphylaxis Emergency Care Plan.

Does the participant have any other known allergies? \_\_\_\_\_

Allergen: \_\_\_\_\_

What happens if exposed to allergen: \_\_\_\_\_

What should be done if exposed to allergen: \_\_\_\_\_

Allergen: \_\_\_\_\_

What happens if exposed to allergen: \_\_\_\_\_

What should be done if exposed to allergen: \_\_\_\_\_

Allergen: \_\_\_\_\_

What happens if exposed to allergen: \_\_\_\_\_

What should be done if exposed to allergen: \_\_\_\_\_

Allergen: \_\_\_\_\_

What happens if exposed to allergen: \_\_\_\_\_

What should be done if exposed to allergen: \_\_\_\_\_

**MEDICAL CONDITIONS**

Providing information about medical conditions is voluntary and helps ensure the safety and well-being of participants. This information will be kept confidential and will only be used to provide appropriate care or support. Please list any medical conditions you want the staff to be aware of to assist in supporting the participant.

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

**MEDICATIONS & TREATMENTS**

Will medication need to be given during the program?  Yes  No

If yes, please complete the **Medication Dispensing Permission Form**.

**WAIVERS / INFORMED CONSENTS / OTHER**

After each statement, please initial to indicate you have read and agree. Initial

- 1. I acknowledge I will receive correspondence by email and text from the Prospect Heights Park District. In order receive relevant and important program information, please check your Contact Preferences in your online account and verify you have checked to receive Courtesy Notices and Critical Announcements by email and/or text. \_\_\_\_\_
- 2. I hereby give permission for my child to participate in field trips with the Prospect Heights Park District. Transportation may include walking, park district vehicles or chartered school bus. \_\_\_\_\_
- 3. I understand that camp staff WILL NOT apply sunscreen on my child, however they can supervise your child in doing so. \_\_\_\_\_
- 4. I have received and reviewed the Summer Camp Parent Handbook. \_\_\_\_\_
- 5. I hereby grant permission for emergency transportation and treatment of my child and the release of this emergency form, which provides medical and other emergency information. \_\_\_\_\_

6. If at any time an emergency occurs and the Prospect Heights Park District is not able to reach a parent/guardian or secondary contacts, I hereby authorize the Prospect Heights Park District to take emergency measures as necessary, to ensure my child's health and welfare. I will assume responsibility for any fees incurred in the administration of such medical treatment.
7. **Warning of Risk:** Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Prospect Heights Park District to guarantee absolute safety.
8. **Waiver and Release of All Claims and Assumption of Risk:** Please read this information carefully and be aware that in signing up and participating in the identified programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided).  
I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Prospect Heights Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "District").  
I do hereby fully release and forever discharge the 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 these programs/activities.
9. **Note:** PARTICIPATION WILL BE DENIED if waivers are not accepted. I have read and fully understand the above warning or risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

### **SIGNATURE**

By entering your name, you are supplying a legally binding signature; it confirms that all information provided to the Prospect Heights Park District is correct to the best of your knowledge, and you confirm each of the waivers, consents and other permissions as provided by you to the Prospect Heights Park District.

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Signature

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Date