

THIS FORM MUST BE TYPED



Saco Parks & Recreation

Telephone: (207) 283-3139
 Fax: (207) 282-8210
 E-mail: parksandrec@sacomaine.org

OFFICE USE ONLY	
<input type="checkbox"/> Date:	<input type="checkbox"/> Grade:
<input type="checkbox"/> Received By:	<input type="checkbox"/> School:
Notes:	

PROGRAM PARTICIPANT CONTACT FORM (v. 3.14.18)

Participant's Name	Last	First	Middle Initial
Date of Birth	MM / DD / YY	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Participant Address	Street	City	State Zip Code

By completing this form and registering my child for the above program with the Saco Parks and Recreation Department, I agree to all terms of this form and rules associated with this Saco Parks & Recreation Program.

Legal Parent/Guardian Authorization – please type your name: _____

SPECIAL CONCERNS

Must Disclose ALL Information Please refer to our complete medical policy for full details

Overview: Please list any Special Concerns, Limitations, or other Behavioral and Medical Conditions we should be aware of. Please include a description of the condition or concern.

Symptoms: For medical conditions and allergies, please describe any symptoms staff should look for:

For medications taken at any time, at home or at the program, please complete the following information below.
 Please note that the dosage listed below must match the information on the provided prescription label.

Medication Name:		Medication Name:		Medication Name:	
Dosage:	Exp:	Dosage:	Exp:	Dosage:	Exp:
Time of day taken:		Time of day taken:		Time of day taken:	
Taken at home*: <input type="checkbox"/> YES <input type="checkbox"/> NO		Taken at home*: <input type="checkbox"/> YES <input type="checkbox"/> NO		Taken at home*: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medication Name:		Medication Name:		Medication Name:	
Dosage:	Exp:	Dosage:	Exp:	Dosage:	Exp:
Time of day taken:		Time of day taken:		Time of day taken:	
Taken at home*: <input type="checkbox"/> YES <input type="checkbox"/> NO		Taken at home*: <input type="checkbox"/> YES <input type="checkbox"/> NO		Taken at home*: <input type="checkbox"/> YES <input type="checkbox"/> NO	

*Participants cannot possess prescription or non prescription medications except EpiPens, asthma inhalers, and, if part of action plan, diphenhydramine.

Parent/Guardian must check one of the following options for administration of Emergency Medications Only (Inhalers or EpiPens):

<input type="checkbox"/> Option A: Self Medication or Administered by Saco Parks & Recreation Trained Staff -IF Child is Unable. Parks & Recreation MUST be provided with medication, even if child is carrying medication. (Under this provision, child may carry and self administer their own medication. Medication will be administered by trained recreation personnel in the event child is not able.)	<input type="checkbox"/> Option B: Child Will Not Self Medicate - Medication Administered by Saco Parks & Recreation Staff (Medication to be held by P&R Dept & will be administered by trained recreation personnel.)	<input type="checkbox"/> Option C: Waiving Emergency Medication Administered by Saco Parks & Recreation Staff Parks & Recreation MUST be provided with medication (to be used by emergency medical personnel). Emergency Medical Services will be called and dispatched by local 911 service.
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Staff Use Only:

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Participant's Name _____

Last

First

Is your child allowed to walk home? _____

If yes when is the earliest they may leave? _____

A. Parents/Legal Guardians Information: Must Be Able To Pick Up Participant From Program*

#1 Parent/Legal Guardian _____

Last

First

Middle Initial

Relationship _____

Driver's License Number _____

Address _____

Street

City

State

Zip Code

Cell Phone _____

Cell Carrier* _____

*used for text cancellations

Work Phone _____

E-Mail _____

#2 Parent/Legal Guardian _____

Last

First

Middle Initial

Relationship _____

Driver's License Number _____

Address _____

Street

City

State

Zip Code

Cell Phone _____

Cell Carrier* _____

*used for text cancellations

Work Phone _____

E-Mail _____

*If a parent/legal guardian is not allowed to pick up a participant or modify this form, complete legal paperwork stating such must be provided at registration.

Please check this box to indicate if Parent/Legal Guardian #2 may NOT make modifications to this contact form, including adding pick ups.

OFFICE USE ONLY: Departmental pick up policy in the absence of legal paperwork was discussed with registering parent/guardian.

#3 Additional Contact Name _____

Last

First

Middle Initial

Relationship _____

Driver's License Number _____

Address _____

Street

City

State

Zip Code

Cell Phone _____

Cell Carrier* _____

*used for text cancellations

Work Phone _____

E-Mail _____

*If a parent/legal guardian is not allowed to pick up a participant or modify this form, complete legal paperwork stating such must be provided at registration.

Please check this box to indicate if Additional Contact #3 may NOT make modifications to this contact form, including adding pick ups.

OFFICE USE ONLY: Departmental pick up policy in the absence of legal paperwork was discussed with registering parent/guardian.

B. List additional individuals who you authorize to pick up your child from our programs: limit of 20

	Name	Phone		Name	Phone
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

A Picture I.D. Must Be Presented By ANY Individual Picking Up A Participant From Our Programs

OFFICE USE ONLY NOTES: