

THIS FORM MUST BE TYPED



Saco Parks and Recreation

Telephone: (207) 283-3139 x801

E-mail: parksandrec@sacomaine.org

OFFICE USE ONLY

Received:

Grade:

School Info:

PROGRAM PARTICIPANT CONTACT FORM (v. 4.5.21)

Participant's Name	_____	_____	_____
	Last	First	Middle Initial
Date of Birth	_____	Gender _____	
	MM / DD / YY		
Participant Address	_____		
	Street	City	State Zip Code

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 _____	<i>used for text cancellations</i>
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 _____	<i>used for text cancellations</i>
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 _____	<i>used for text cancellations</i>
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.

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B. List additional individuals who you authorize to pick up your child from our programs: limit of 10

	Name	Phone		Name	Phone
1			6		
2			7		
3			8		
4			9		
5			10		

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

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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?
Name of program they can walk from:	Date:

ABOUT YOUR CHILD

Please use this section to provide additional information about your child, including medical, behavioral, or special concerns. This will help staff provide the best experience and a safe environment for your child.

Medical Conditions: *Please list and describe all medical conditions or concerns.*

Symptoms: *For allergies or other medical conditions, please describe any symptoms staff should look for.*

Select Emergency Medications required: Asthma Inhaler Epi-Pen Benadryl/Diphenhydramine

Choose 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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Behavioral: *Please list and describe behavioral conditions and any information that will be helpful to staff as your child participates in our program. If your child works with a specialist or behavioral health professional, please note here and include in the contact list on page one.*

Special Concerns: *Please share any other concerns or provide additional information other than medical or behavioral that will be helpful regarding your child's participation in our program.*

Prescription Medication: *Please complete the following fields regarding medications your child is prescribed. This information will be shared with emergency responders in the event your child requires medical treatment.*

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	

Saco Parks and Recreation employees cannot administer prescription medications. While in programs, participants cannot possess prescription or non prescription medications with the exception of EpiPens, asthma inhalers, and, if part of action plan, diphenhydramine.

AUTHORIZED SIGNATURE *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: _____

OFFICE USE ONLY: