

This form is required for participation in BOPARC Programs.

## BOPARC Medical Information/Emergency Contact Form

**Please Print Information Clearly. Use a separate form for each child.**

Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Home# \_\_\_\_\_

Street \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Employer \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Home# \_\_\_\_\_

Street \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Employer \_\_\_\_\_

### **Authorized Pick – Up / Emergency Contacts**

Must be a local person(s) other than parent/guardian listed above. Please note: The following individuals will be called in an emergency situation in the instance where the parent/guardian cannot be reached.

1) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

4) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

5) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

6) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Health & Medical Information**

**Please Answer the Following Questions:**

- 1. Does your child have any allergies? (food, bee stings, insect bites, other)

Check one.  Yes  No

If yes, please list allergy AND necessary treatment:

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

- 2. Does your child have any medical needs/health problems (ex.asthma) or is a behavioral plan in place?

Check one.  Yes  No

If yes, list need or problem AND necessary treatment:

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

- 3. Does your child require medication (prescription or non-prescription) during camp hours?

Check one.  Yes  No

***IF YES, A MEDICATION AUTHORIZATION FORM (ATTACHED) MUST BE COMPLETED!***

- 4. Is your child able to swim in the deep end without a flotation device?

Check one.  Yes  No

**If answered yes above:  I will permit my child to go off the diving boards.  Initials**

**If child meets applicable guidelines:**

**I will permit my child to use the water slides at Marilla Pool.  Initials**

**Parent/Guardian Responsibilities**

- We understand, from time to time, that new people will pick up your child for one reason or another. Without proper notice, we cannot release your child. In the event that you cannot provide us with a signed letter in advance, you must contact the Program Manager or Site Coordinator via phone. Please remind the individual picking up your child(ren) to bring photo ID, which will be required to be shown to the appropriate BOPARC staff person before release of your child(ren).
- I understand that I must immediately notify the BOPARC Administrative Office of any changes to the information on this form. Changes must be made to the original office copy to be official.  YES  NO
- I understand that I must inform the Program Manager if there has been a court ruling involving custody. I must also provide a copy of the court decree.  YES  NO
- I understand that I am responsible for notifying the BOPARC Office of my child's absence; when I or an approved pick-up person is running late to pick-up my child; or special circumstances for late drop-off and/or pickup arrangements.  YES  NO

I have read, understand, and agree to the above.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_