City Of Janesville
Wisconsin's Park Place
Recreation Division

Emergency Contact Form

To be completed by Parent/Guardian:

Participant's Name: ______________________________

Home Address: ______________________________
City State Zip

Home/Cell Phone #: ______________ Email: ______________

Date of Birth: ______________ Age: ______ Gender: ______________

Parents/guardians contact information:

Primary: ______________ Work #: ______________
First & Last Name

Relationship: ______________ Cell #: ______________

Secondary: ______________ Work #: ______________
First & Last Name

Relationship: ______________ Cell #: ______________

List all authorized to pick up child and who will assume temporary care of your child if you cannot be reached.

1. Name & Relationship: ______________ Phone #: ______________
2. Name & Relationship: ______________ Phone #: ______________
3. Name & Relationship: ______________ Phone #: ______________
4. Name & Relationship: ______________ Phone #: ______________

Please share any health-related needs, dietary restrictions, medications, or behavioral considerations we should be aware of. Sharing is optional, but appreciated and will help us support your child's success at camp. ______________________________

Does your child need any accommodation, support, or modification to fully participate in camp activities? ☐ No ☐ Yes (please explain): ______________________________

Are there strategies that help your child succeed in group settings (school, sports, previous camps, etc.)? ______________________________

Are there situations that are particularly challenging for your child (i.e., unstructured time, waiting/lines, peer conflict, etc.)?______________________________

If your child becomes upset or dysregulated, what helps calm them down (examples: space away from others, sensory tools, adult support, movement, etc.)? ______________________________

Local Physician's Name: ______________________________

Address: ______________ Phone #: ______________

Local Dentist's Name: ______________________________

Address: ______________ Phone #: ______________

Authorization for Medical Treatment

In case of accident or serious illness suffered by the participant named on reverse side during any City of Janesville sponsored program, I request that the City attempt to contact me. If unable to contact me immediately at the telephone number listed on reverse side, I hereby authorize such persons to contact the physician identified on reverse side and to follow his or her instructions. If this physician is not readily available, I authorize such persons to make whatever arrangements they deem appropriate, including contacting any other professional health care provider and/or arranging for emergency transportation to any health care facility.

I hereby give my consent to have any employee or agent of the City and/or any doctor of medicine or dentistry or associated health care professional or personnel to provide the participant with any medical assistance and/or treatment recommended and/or deemed necessary or appropriate by such treating health care professional or personnel due to an injury or illness suffered by the participant while participating in any program identified below and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to hold harmless and indemnify each and every person providing medical care or treatment in reliance on this authorizing document from any and all liability, loss, cost, claim, judgment, or damage whatsoever, including death or damage to person or property, which may be incurred by and/or imposed upon said person because of any defect in or lack of authority to so act, and/or because of any action or failure to act by such health care professional or personnel. I understand that the waiver and release provisions above apply to any claim arising out of medical care, treatment or transportation provided by the Released Parties.

☐ I do not wish to negotiate the terms of this Waiver and Release, and accept the terms as written

☐ I have negotiated alternative terms for this Waiver and Release, and I approve of the modifications set forth below

____________________________________ ______________________
Signature of Participant or Parent/Guardian Date
If Participant is a minor, must be signed by Parent/Guardian

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Print name of person signing above