

# Lake Oswego Parks & Recreation Emergency Contact Form – REC ZONE

**Program:** REC ZONE 2016-17

**Site:** PALISADES

**School Attending:** \_\_\_\_\_

**Participant Full Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

Parent #1 _____	Parent #2 _____
Address _____	
City/Zip _____	
Home Phone _____	
Work Phone _____	Cell/Pager _____
Work Phone _____	Cell/Pager _____
Email Address _____	

## Emergency Information

**ALLERGIES:** \_\_\_\_\_

Lake Oswego Parks & Recreation strives to provide appropriate, supportive activities for all participants. Information about the participant provided to us, increases our ability to provide a rewarding experience. **IF A PARTICIPANT IS BEING TREATED FOR A MEDICAL OR MENTAL CONDITION, OR IS PARTICIPATING IN AN IEP (INDIVIDUALIZED EDUCATION PROGRAM) AT SCHOOL, WE REQUIRE A CONFIDENTIAL CONSULTATION WITH THE PROGRAM DIRECTOR ABOUT THE REC ZONE PROGRAM AND THE PARTICIPANT'S ABILITIES AND NEEDS.**

**Please disclose any additional information/medication/special needs:**

\_\_\_\_\_

If parent cannot be reached, who may make a local emergency decision for you and/or may be authorized to pick up child from camp? Photo identification will be required at pick-up as child will not be allowed to leave with any other person.

### PICK UP EMERGENCY

Name _____	<input type="checkbox"/>	<input type="checkbox"/>	Relationship _____	Phone _____
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	Relationship _____	Phone _____
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	Relationship _____	Phone _____
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	Relationship _____	Phone _____

## Permission is given to Lake Oswego Parks and Recreation for the following:

By signing below, as legal guardian, I hereby authorize the City of Lake Oswego to consent to medical or surgical treatment for my child, when child is brought for treatment and when parent or persons named above cannot be reasonably located. An ambulance may be called if necessary. I am aware of the nature of the activity and release the City of Lake Oswego from liability for any and all claims for personal injuries. My child may be taken on field trips by vehicle or bus with prior notice and my child may be taken on supervised walks. My child may get wet in water activities.

\_\_\_\_\_  
*Signature: Parent or Guardian*

\_\_\_\_\_  
*Date*

My child may have his/her photo taken and used for publicity purposes including publication of digitized image on one or more of the City's external internet web pages. All images become property of the City of Lake Oswego. I release all claims against the City of Lake Oswego with respect to copyright ownership and publication, including any claim for compensation related to the use of the likeness or image.

\_\_\_\_\_  
*Signature: Parent or Guardian*

\_\_\_\_\_  
*Date*

I authorize my child to walk or take the Lake Oswego School District bus to Palisades for the Rec Zone Program.

\_\_\_\_\_  
*Signature: Parent or Guardian*

\_\_\_\_\_  
*Date*