

# MCRC Play Camp Emergency Procedure Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

## HEALTH INFORMATION

Diabetic  NO  YES please explain \_\_\_\_\_  
Allergies (including food)  NO  YES please explain \_\_\_\_\_  
Medications  NO  YES please explain \_\_\_\_\_  
Surgery  NO  YES please explain \_\_\_\_\_  
Special Needs  NO  YES please explain \_\_\_\_\_  
Problems with  Vision  Hearing  Speech  Behavior Please explain \_\_\_\_\_

PLEASE COMPLETE PART I OR PART II BELOW

### PART I: Permission to Transport Child

I give the Medina Community Recreation Center my permission to transport (name of child) \_\_\_\_\_

To (name of hospital/clinic) \_\_\_\_\_ for emergency medical or

To (name of dentist/clinic) \_\_\_\_\_ for emergency dental care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART II: Refusal to Grant Permission

I **DO NOT** give the Medina Community Recreation Center my permission to transport (name of child) \_\_\_\_\_  
for emergency medical or dental care. In the event of an illness or injury which requires medical or dental treatment, I wish  
the Medina Community Recreation Center to take the following actions \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Contract

I have had the opportunity to read the Play Camp General Guidelines and Rules and address any concerns or questions I may have had. I agree to follow the policies and procedures and understand that failure to adhere to these policies may result in a suspension or loss of camp privileges without the opportunity for a refund.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Wavier

In consideration of the City of Medina and the MCRC granting me permission to engage in the recreational activities at the Medina Community Recreation Center, the undersigned does hereby waive, release, save, and hold harmless and indemnify the City of Medina and the MCRC, their organizers, officers, employees, agents, and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Medina and the MCRC, their organizers, officers, employees, agents, and sponsors. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without me or my child's name, both single and in conjunction with other persons or objects for the purpose of advertising and publicity only. The undersigned further assumes the risk of all dangerous conditions in and about the MCRC property both real and personal and waive any and all specific notice of the existence of such dangerous conditions if any.

Signature Required: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

