



City of Bellevue Parks & Community Services Department
Child Information Form/Disaster Release Form

(This form will be kept confidential.)

CHILD'S NAME: Last First Age

ALLERGIES: YES NO Explain:

SPECIAL CIRCUMSTANCES:

Please list any medical, behavioral and/or family circumstances that you would like to share so we can better care for your child.

PARENT/GUARDIAN

Home address:

Telephone: Home

Telephone: Work

Cell/Pager:

Email:

PARENT/GUARDIAN

Home address:

Telephone: Home

Telephone: Work

Cell/Pager:

Email:

WAIVER OF LIABILITY/ PHOTO RELEASE

WAIVER OF LIABILITY - PLEASE READ CAREFULLY: In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities...

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability printed above:

Signature

Date

FIELD TRIP PERMISSION SLIP

I hereby give my permission for my child(ren) to attend all field trips. I understand that transportation will be provided by Bellevue School District buses, City of Bellevue vehicles, or charter buses.

SWIMMING ABILITY: None Beginner Intermediate Advanced

SUNSCREEN AUTHORIZATION

I give my permission to City of Bellevue staff to apply sunscreen to my child, which may be applied as a lotion, spray-on, roll-on, or towelette. I further agree not to hold the City of Bellevue, its employees, or officials liable for any adverse reaction my child may have to the applications of sunscreen.

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician or hospital for my child(ren) if I cannot be reached in case of an emergency. My consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, or x-ray examinations, transfusions, injections or drugs and the performing of whatever operations may be deemed necessary or advisable. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care. This authorization shall remain in effect until revoked in writing, with notice to the treating physician and hospital.

By Signing Below, I agree to the Field Trip, Sunscreen Authorization, and Consent to Medical Care and Treatment of Minor listed above:

Signature of Parent/Guardian

Date

EMERGENCY CONTACT /AUTHORIZED ALTERNATE PICK-UP PEOPLE

Persons, other than parents, allowed to pick up your child. I hereby give my permission for my child(ren) to be picked up, or contacted, by the following people_:

Name: _____

Name: _____

Home telephone: _____

Home telephone: _____

Work telephone: _____

Work telephone: _____

In the event of an emergency, registered participants under the age of 18 will not be allowed to walk home unattended or leave the program, class or activity with non-authorized adults. Authorization for releasing a participant must be made in writing by a parent or legal guardian.

Please list a friend or family member, who lives out of state, that we can call with information in case local telephone service is interrupted.

Name: _____ Phone: _____

Medical Alert:

Condition: _____ Medication: _____

Additional Information: _____

For City Use Only

The participant was released to: _____ By: _____

Date: _____ Time: _____ (AM) (PM) Destination: _____

Photo identification: _____

Signature of Parent, Guardian or Authorized Designee: _____