Park District of Franklin Park

Parent/Guardian Consent Form

1. I give my permission for my child to go to public park facilities, to go on walking trips in the neighborhood and to go on excursions to places of interest with the understanding that such trips are under the supervision of authorized personnel of the park district and that all possible precautions are taken to insure the health and safety of my child.

2. In the event I cannot be reached in an emergency involving my child, I hereby give permission to the authorized personnel of the park district to provide emergency care through paramedics and, when necessary, a local hospital.

3. I give my permission for my child to be included in photos/video for publicity purposes.

4. I give authorization to the following people, including myself, to pick up my child. Person must be 16 years and older; list all persons including spouse, if applicable. (each must show card and photo ID when picking up child):

Name	Relationship	Phone

My child is allowed to walk or ride their bike home. **Circle: YES NO**

_____ _____

Parent or Guardian Signature **Date**

_____ _____ _____

Home Phone # **Cell Phone or Pager #** **Emergency Phone #**

_____ _____

Child's Name **Card Numbers Issued**

Are there any persons restricted from picking up your child? _____ YES _____ NO

If yes, please provide his/her name and attach legal documents to this form

_____

Park District of FRANKLIN PARK

Park District of Franklin Park

Camps Program Behavior Guidelines and Agreement

From time to time, the Park District has had the challenge of dealing with youngsters registered for programs whose excitement level and enthusiasm were beyond the capabilities of our staff. The Park District has made every effort to hire capable staff for our programs, but there are occasions when, for the good of the entire program, the Park District must insist the parents remove unmanageable children from the program.

In order to maintain a safe and enjoyable environment, a strict discipline policy has been adopted. The following guidelines are designed to preserve a healthy program experience for all. The child will be given three warnings. All will be documented and the parent(s) will be notified. Depending on the degree of the offense, a program participant may be permanently dismissed following the 1st, 2nd or 3rd offense. If this occurs, no refunds will be given for the current session, however future sessions will be refunded.

The following infractions will activate the discipline system:

1. Harming one's self such as, but not limited to:
    a. Leaving designated grounds without permission
    b. Leaving designated group without permission
    c. Physical damage to self

2. Harming others such as, but not limited to:
    a. Fighting
    b. Throwing objects at or near others
    c. Hitting or kicking others
    d. Extreme verbal use
    e. Profanity
    f. Showing disrespect to other participants and staff
    g. Other aggressive behavior

3. Damage to property:
    a. Vandalism
    b. Actions resulting in damage to property
    c. Breaking, damaging or destroying property
    d. Theft: Taking any item that does not belong to the child

    NOTE: Parent/Guardian of program participants will be responsible for ANY damages caused by their child.

4. Others
    a. Possession, use or transfer of alcohol, illegal drugs, tobacco or tobacco products (matches and lighters).
    b. Any threat of bodily harm to others.
    c. Fighting with anybody.
    d. Bringing any weapons to program.
    e. Any proven or confessed theft.

Your signature indicates you have read the above material and understand it fully. Your cooperation as a parent will be greatly appreciated; and your understanding will allow the Park District of Franklin Park to better serve all participants. Please return this with all other information for our files.

_____

Parent or Guardian Signature Date

_____

Participant Signature Date

Park District of Franklin Park
Camps

Child Information and Health History Record

Please Print - Fill out all sections completely

Camp Name _____

Name_____

School (Fall)_____ Grade (Fall) _____

Home Address_____ City_____ Zip Code_____

Home Phone_____ Date of Birth _____ Age as of 5/1/21_____

Mother's Information

Name: _____

Address (if different from above)

_____

Home Phone (if different from above)

_____

Work Phone #_____

Cell Phone #_____

Father's Information

Name: _____

Address (if different from above)

_____

Home Phone (if different from above)

_____

Work Phone #_____

Cell Phone #_____

Emergency contact person if parents are unreachable

Name_____ Phone Number_____

Relationship to child_____

Illness and Injuries (check any chronic or recurring illness and explain below)

_____Asthma _____Hypertension _____Heart Defect/Disease

_____Diabetes _____Ear Infection(s) _____Musculoskeletal Disorders

_____Seizures _____Bleeding/Clotting _____Other_____

Date of last Health Exam_____ Date of last Tetanus Shot_____

Physician's Name_____ Physician's Phone Number_____

Please explain any other chronic or recurring illness not listed above.

_____

_____

_____

Allergies: (check any that apply and specify nature of allergic reaction on reverse side)

_____Animal _____ Insect Stings _____ Pollen

_____Food _____Medications/Drugs _____ Other_____

_____Hay Fever _____Plants

Please list the specific nature of the allergic reaction(s).

_____

_____

Other Health Conditions (check all that apply and describe on reverse side)

_____Hearing Impairment _____Motion Sickness _____Nosebleeds

_____Emotional Disturbances _____Fainting _____Wears Glasses/Contacts

_____Special Diet Regimen _____Visual Impairment _____Speech Impediment

_____Takes Medication (list medication and reason on reverse side)

_____Other_____

A: List any other health conditions you feel the staff should be aware of:

_____

_____

_____

B: List any medication(s) the participant may take:

_____

_____

_____

Activities your child should be restricted from:

_____

_____

_____

I know of no reason(s) why my child should not participate in activities except as noted above.

Signature of Parent/Guardian: _____ Date_____

Park District of Franklin Park
Health Questionnaire for Wellness Screen Related to COVID-19

The Park District of Franklin Park is committed to the safety of employees, patrons, and community, including during the COVID-19 pandemic. Employees and patrons will be required to self-assess using these questions each day prior to coming on-site. If the answer is "yes" to any question, please do not come on-site to prevent the spread of illness. Additionally patrons should notify the program supervisor of their absence and the reason for the absence.

☐ Do you have a fever of 100.4 degrees Fahrenheit or higher?

☐ Do you have a cough?

☐ Do you have a sore throat?

☐ Have you been experiencing difficulty breathing or a shortness of breath?

☐ Do you have muscle aches?

☐ Have you had a new or unusual headache (e.g., not typical to the individual)?

☐ Have you noticed a new loss of taste or loss of smell?

☐ Have you been experiencing chills or rigors (i.e., a sudden feeling of cold with shivering accompanied by a rise in temperature)?

☐ Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?

☐ Have you tested positive for COVID-19 in the last 14 days?

☐ Is anyone in your household displaying any symptoms (as listed above) of COVID-19?

☐ To the best of your knowledge, in the last 14 days, have you come into close contact* with anyone who has tested positive for or been diagnosed with COVID-19?

By coming to the program and/or signing this questionnaire, you acknowledge that you have in fact conducted this self-assessment and the information provided above is true and accurate to the best of your current knowledge and beliefs.

_____

Participant Name

_____

Signature (Parent/Guardian if under 18) Date

* Close contact includes household contacts, intimate contacts, or contacts within 6 feet for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing an N95 mask during the period of contact