



**Hampshire Township Park District  
Little People Playtime Program Emergency Form**

Child's Name \_\_\_\_\_ Class (entering in the fall) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

**First Parent/Guardian** \_\_\_\_\_ Relation \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Primary Email \_\_\_\_\_

**Second Parent/Guardian** \_\_\_\_\_ Relation \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Primary Email \_\_\_\_\_

**Only persons listed above and below will be allowed to pick up your child.**

Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_  
 Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_  
 Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_  
 Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Allergies, Illness or other Conditions** \_\_\_\_\_  
 Does your child need to take medication during the program? \_\_\_\_\_ If yes, please complete a *Permission to Dispense Medication Form and Waiver*.  
 Does your child have a severe food allergy or have a prescribed Epi Pen? \_\_\_\_\_ If yes, please complete a *Food Allergy Action Plan*.  
 Does your child have Asthma and use medication for control/relief? \_\_\_\_\_ If yes, please complete an *Asthma Action Plan*.  
*The Hampshire Township Park District welcomes individuals with disabilities into the program. Please describe any accommodation needed for successful inclusion into the program.* \_\_\_\_\_

**IMPORTANT INFORMATION:**

*I have read and fully understand the Important Information, Waiver of Release of All Claims & Assumption of Risk. I further understand that my signature is required below in order to participate in the Hampshire Township Park District programs. In addition, I agree to abide by all of the policies/procedures contained in the Parent Handbook.*

EMERGENCY TREATMENT We/I understand that the Hampshire Township Park District has the discretion to summon emergency medical services for our/my child in the event of a medical emergency. Initial \_\_\_\_\_

We/I have received the Parent Handbook and agree to comply with the guidelines included in the handbook. Initial \_\_\_\_\_

We/I have read the payment policies and understand that I am fully responsible for payments to the program. Initial \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_

**DATE**