Emergency Contact Information

ALATIN 41	En	nergency Cor	ntact Infor	mation
2 5				
PARK PARK	Facility/School			
& ALL AND	Program/Activity			
RECREATION O	Program Dates			
Participation				
Full Week	Partial Week	Mon Tues	Wed Thurs	Fri Varies
Participant Informat	tion			
Last Name, First Name				Male Female
Age	Grade Level	Swim Level 📃 No	on-Swimmer 🗌 Begir	nner Advanced Beginner
Parent/Guardian In	formation			
Mothers/Guardian Nan	ne		Home Phone	
Address				
Fathers/Guardian Nam	le		Home Phone	
City, State, Zip			Cell Phone	
e-mail				
Emergency Contact (other than parent/gu	ardian)		
Name		R	Relationship to participant	
Address			Phone 1	
City, State, Zip			Phone 2	
Name		я	Relationship to participant	·
Address			Phone 1	
City, State, Zip			Phone 2	
Individuals authoriz	ed to pick up (other t	han parent/guardian)		
Name		Relationship		Phone
Name		Relationship		Phone
				Phone
Physician & Insuran	ce			
Physician's Name			_ Physician's Phone _	
Dentist Name			Dentist Phone	

Last Name

First Name

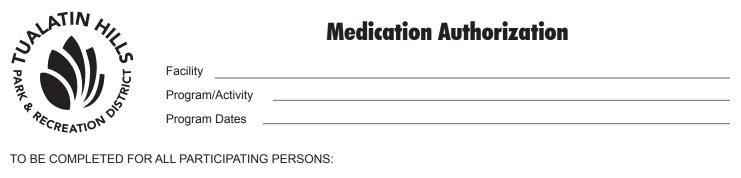
Medical & Physical Information

Please check if participant is subject to the following and explain:

Have you ever ha	id						Do you wear		
Allergies	Yes	No		Diabete	s 🗌 Yes	No	Glasses	Yes	No
ADD/ADHD	Yes	No	Heart Probl	lems/Murmu	ır 🗌 Yes	No	Contact Lenses		
Autism/Aspergers	Yes	No	Asthr	na/Bronchiti	s Yes	No	Hard	Yes	🗌 No
Seizures	Yes		, lot in	Herni			Soft	Yes	🗌 No
Hepatitis A or B	Yes	L No		Concussio	n 🛄 Yes	L No			
Details:									
Is your child current	on all sch	ool-required	immunizations	? Yes	No	Date of	f last tetanus inoculation:		
Please list any medi	cal history	or physical	restrictions that	t could affec	t narticinati	on in progr	am/activities: Describe ar	w nast me	dical
conditions, which mi						on in progr		iy past me	uicai
Please identify any s	special ada	aptations or a	accommodatio	ns necessai	ry to assist	with particip	pation in programs/activiti	es:	
Does participant tak	e medicine	es at home?		└ Yes	└── No				
Will participant need	d medicine	administere	d by THPRD?	Yes	└ No	If Yes, sub	mit Medical Authorization	Form.	
Please read and sig	gn below	if you agree	e to the condit	ions herein	:				
	ies run by th	ne program ma	ay be vigorous a	t times, and a			in Hills Park & Recreation Di with the safety of the partici		
the physical and menta I agree to assume the District or any of its off participation in the Pro permission for my child	al capacity r risk associa icers, agent gram. In th d to be treat urred. Signi	easonably neasonably neasonably neasonably neasonably neasonably as or employee e event of a meason of a meason of a profesong this form w	cessary to engag program for him/h es, which may ar nedical emergen ssional medical p	ge in the prog ner. By doing ise due to acc cy, I understa person and ac	ram in which so, I hereby cident, sickne nd every effo Imitted to a h	he or she ha waive all cla ess, injury or ort will be ma ospital if nec	ining my child to determine t as been enrolled. As my chil ims against the Tualatin Hills death, which my child might de to contact me. If I cannot ressary. I agree to be the pa rogram. Any and all change	d's legal gua Park & Rec suffer from be reached, rty responsil	ardian, creation his/her , I give my ble for all

Signature of Parent/Guardian	
Signature of Parent/Guardian	

TUALATIN HILLS PARK & RECREATION DISTRICT



Participant Information

Last Name, First Name		Male	Female
Age	Grade Level		

List all medications including over-the-counter or non-prescription drugs that are to be administered during Camp.

NOTE: Prescription drugs must be in the original bottle, and non-prescription drugs must be in the manufacture's container with the label intact and age and dosage information legible. Children under 18 years of age should never be given aspirin unless a health care provider prescribes it, as aspirin is linked to Reye's Syndrome, a serious and fatal disease. An adult must bring medication directly to Tualatin Hills Park and Recreation District (THPRD). Participants may not transport medication.

		Specifc	Time to Ad	Iminister	
Name of Medicine	Dosage	AM	Noon	PM	Reason for Taking

For campers requiring injections:

INITIAL Generally, THPRD staff are not trained to administer emergency injections or other medical procedures. THPRD policy is to allow individual staff to voluntarily act under the statute ORS 30.800 through 30.807 and administer requested emergency injections or other medical procedures, should they individually choose to do so on a case-by-case basis. Instructions as to requested emergency injections or medical procedures must be provided by the physician. I request THPRD to inquire whether there are staff who are willing to consider acting under the statue ORS 30.800 through 30.807 on a case-by-case basis should my above named child need an emergency injection or other medical procedure in the manner described in the physician orders. THPRD cannot guarantee that it will find willing staff to act under the statute ORS 30.800 through 30.807 or that such staff will so act in every case.

INITIAL Designated THPRD staff will dispense medication under physician's orders. Under statute ORS 30.800 through 30.807, all medications must be in a prescription container clearly labeled with the child's name, type of medication, dosage and times (both a.m. and p.m.) to administer medication to my above named child in the manner described by the physician's orders.

Parent/Guardian Signature