



Discovery
Day Camp

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
