

Cincinnati Recreation Commission

DAY CAMP (ON SITE) EMERGENCY INFORMATION (GREEN CARD)

Participant's Name _____ Date of Birth _____
Last First Middle

Street Address _____ Zip _____ Phone _____

Parent or Guardian (First and Last Name of each)

Place of Employment of Parent or Guardian

Mother _____ Phone _____

Father _____ Phone _____

Neighbors, relatives or a sitter who would be willing to care for the child if the parent cannot be reached:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Child's Physician _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

Please check any health conditions of the child that leaders should be aware of:

Speech Impairment Hearing Impairment Vision Impairment Asthma Diabetes Epilepsy

Other health problems or limitations _____

List any medication the child is currently taking _____

Allergies _____

EMERGENCY MEDICAL AUTHORIZATION

PART I

In the event reasonable attempts to contact me at _____ (Phone Number) or
_____ (name of other parent or guardian) at _____ (Phone Number)

have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Dr. _____

or in the event the designated preferred practitioner is not available, by another licensed physician, and the transfer of the child to

_____ Hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Medical Insurance you carry: _____

Date _____ Parents Signature _____

PART II

REFUSAL TO CONSENT: I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Summer Day Camp program authorities to take no such action or to (please specify action)

Date _____ Parents Signature _____