

NEENAH PARKS & RECREATION DEPARTMENT - OPERATION RECREATION EMERGENCY CONTACT INFORMATION – ONE FORM PER CHILD

CHILD'S NAME _____ TODAY'S DATE: _____

ADDRESS: _____ CITY _____ ZIP _____

SEX: M F DATE OF BIRTH: _____ PARENT EMAIL: _____

| MOTHER OR GUARDIAN | FATHER OR GUARDIAN |
|--------------------|--------------------|
| NAME: | NAME: |
| ADDRESS: | ADDRESS: |
| HOME PHONE: | HOME PHONE: |
| CELL PHONE: | CELL PHONE: |
| WORK PHONE: | WORK PHONE: |

PLEASE LIST ANY HEALTH CONCERNS (ALLERGIES, MEDICATION, BEHAVIORAL, EMOTIONAL OR PHYSICAL CHALLENGES):

DOES YOUR CHILD REQUIRE ADMINISTRATION OF MEDICATION WHILE ATTENDING OPERATION RECREATION? YES NO
(If you answered yes you need to fill out the administration of medication form and follow the guidelines in the parent handbook for proper packaging of your child's medication. The form can be found on our website www.neenahgov.org under activities/operation recreation. You may also pick one up in our office.)

| DOCTOR | DENTIST |
|---------------|---------------|
| NAME: | NAME: |
| PHONE NUMBER: | PHONE NUMBER: |

IN CASE OF EMERGENCY, OR IF I CANNOT BE CONTACTED TO PICK UP MY CHILD, I HEREBY AUTHORIZE THE FOLLOWING PERSON(S) TO PICK UP MY CHILD.

| CONTACT 1 | CONTACT 2 |
|--|--|
| NAME | NAME |
| ADDRESS | ADDRESS |
| PHONE 1: PHONE 2: | PHONE 1: PHONE 2: |

PERSON'S NOT AUTHORIZED TO PICK UP OR DROP OFF YOUR CHILD:

LIABILITY INFORMATION: You should be aware that Parks & Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death, or property loss. The Neenah Parks & Recreation Department does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in NPRD sponsored activities must provide their own insurance and assume risk of all injuries. **PHOTO CONSENT:** I hereby give consent to the use of any photographs taken by the City of Neenah (for publications, reprint or duplication) its employees, agents, assigns and/or elected officials of my children or myself during participation in our programs. I agree such photographs shall be the sole property of the City of Neenah and neither myself or the individual(s) on whose behalf this consent is signed are entitled to compensation of any kind for the use of such photos by the City, its employees, agents, assigns, or elected officials. **PARENT HANDBOOK ACKNOWLEDGEMENT:** I have received, read and understand the information contained in the Operation Recreation Parent Handbook. I agree that both I and my child(ren) will abide by the policies and procedures presented herein. **AUTHORIZATION FOR EMERGENCY MEDICAL CARE:** I hereby give permission to the Operation Recreation Staff to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is on hand or circumstances do not allow.

PARENT SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

(I have read and understand the liability information, photo consent and parent handbook acknowledgement listed above. The emergency information I have supplied is current and it is my responsibility to notify Neenah Parks & Recreation Department of any changes in my information.)

RETURN

COMPLETE THE OTHER SIDE OF THIS FORM IF NECESSARY

**NEENAH PARKS & RECREATION DEPARTMENT
OPERATION RECREATION
Authorization for Administration of Medication Form**

(COMPLETE THIS FORM ONLY IF YOUR CHILD NEEDS MEDICATION ADMINISTERED WHILE ATTENDING OPERATION RECREATION)

INSTRUCTIONS

- All medication should be taken by children at home whenever possible. If it is necessary for a child to take a prescribed medication during program hours, this form must be completed in full by the physician and signed by the parent or guardian, giving specific instructions.
- The contractor will not knowingly allow a child to take prescription or over-the-counter medication during program hours without the parents and physicians authorization.
- After the department receives the appropriate authorizations, the program director will store the medication in a secured area that is accessible only to authorized personnel. Exceptions will be made if permission is given by the child's parent and physician for the child to carry the medication during program hours, certifying that he/she can safely self-administer the dosage.
- Parents/guardians are expected to hand-deliver medication to the program director, unless the child is authorized by the parent and physician to carry the medication.
- Neenah Parks & Recreation cannot guarantee refrigeration for medication at the program sites.
- No over-the-counter drugs will be administered unless prescribed by a physician. (i.e., Tylenol, Benadryl, cough medicines).
- All medications must be brought to the program in the original pharmaceutical container and labeled with the child's name, medication dosage and schedule.
- Parents/guardians should not provide more medication than is necessary for the current day.
- All measuring utensils used for administering medications must be labeled with the child's name on the utensil and brought in with the medication.
- Pills may not be broken in half by the Operation Recreation Supervisor. All half dosages need to be split prior to the program.
- Parent/guardian must submit a new authorization whenever there is a change in the dosage or medication, or a change in the conditions under which the child is to take the medication.

PARTICIPANT'S NAME: _____ **AGE:** _____ **D.O.B.** _____

Physician Instructions: Please Note: medical personnel are not available during the Operation Recreation program. Whenever possible, please prescribe medication that can be given outside of the Operation Recreation day (7:30am – 5:30pm). If medication must be administered during the Operation Recreation program hours, please complete the information below.

| MEDICATION | DOSAGE | ROUTE OF ADMINISTRATION | TIME OF DAY |
|------------|--------|-------------------------|-------------|
| | | | |
| | | | |

Diagnosis or indication for medication: _____

Length of time to be taken: _____

Precautions, if any: _____

- a) For emergency medication, is the child capable of self-administering the necessary treatment/medication? Yes ___ No ___
- b) Will the child need to carry this medication on his/her person? Yes ___ No ___
- c) Will the child need to self-administer this medication? Yes ___ No ___

Please note the obvious side effects of this particular medication: _____

PHYSICIAN INFORMATION

Name: _____ Address: _____ Phone: _____

Physician's Signature: _____ Date: _____

I/We the undersigned request that medicine be administered or self-administered to the above child by a designated member of the Operation Recreation Staff/ or by the child in accordance with the instructions outlined above and signed by our physician. It is to be given at the time, proper dosage and route of administration per the physician's instructions outlined above. I voluntarily agree to release, discharge and hold harmless Neenah Parks & Recreation Department and its officers, agents, and employees for any and all claims of liability arising out of their negligence, recklessness or any other act of omission which causes our child's illness, injury, death and damages of any nature in any way connected with the administration of our child's medication. I understand the major responsibility for a child taking medication rests with the child and his/her parents/guardian, and we are required to personally bring the medication to the Operation Recreation Program.

Parent/Guardian Signature: _____ Date: _____ Day time phone: _____