



Emergency Information & Authorized Pick-Up Form

This information needs to be updated annually.

Child 1

Name: _____ Date of Birth: _____

Program (Check all that apply): K-6 Summer Camp Before & After School Middle School Travel Camp

Grade (SY 18-19): _____ School Attending in Fall '18: _____

Special Conditions (medical conditions, allergies, medications, diet restrictions): _____

Child 2

Name: _____ Date of Birth: _____

Program (Check all that apply): K-6 Summer Camp Before & After School Middle School Travel Camp

Grade (SY 18-19): _____ School Attending in Fall '18: _____

Special Conditions (medical conditions, allergies, medications, diet restrictions): _____

Medical Information

Family Physician: _____ Phone #: _____

Choice of ER: EMMC St. Joseph's Insurance Info: _____

First number you would like called if your child isn't here or there is an emergency: _____

People listed in the following section are authorized to pick up my child(ren) from Bangor Parks & Recreation Programs. I understand my child will be allowed to leave with these individuals only.

Parent/Guardian Information

Name: _____

Address: _____

Email: _____

Phone 1: _____ Phone 2: _____

Parent/Guardian Information

Name: _____

Address: _____

Email: _____

Phone 1: _____ Phone 2: _____

Emergency Contact

Name: _____

Relationship: _____

Phone 1: _____ Phone 2: _____

Authorized Pick-Up 1

Name: _____

Relationship: _____

Phone 1: _____ Phone 2: _____

Authorized Pick-Up 2

Name: _____

Relationship: _____

Phone 1: _____ Phone 2: _____

Authorized Pick-Up 3

Name: _____

Relationship: _____

Phone 1: _____ Phone 2: _____

Authorized Pick-Up 4

Name: _____

Relationship: _____

Phone 1: _____ Phone 2: _____

Authorized Pick-Up 5

Name: _____

Relationship: _____

Phone 1: _____ Phone 2: _____

Parent/Guardian Signature

Date



Field Trip/Movie Permission Slip & Liability/Photo Release

Please initial each box to indicate your authorization of the following:

PARENT PACKET: I have read and understand the policies outlined in the parent packet.

FIELD TRIPS: Participants in this program will be going on van/bus trips throughout the State of Maine. Participants may be sent home at any time, at the expense of their parent/guardian, if deemed necessary. By initialing and signing below, I give permission for my child to participate in all field trips that are a part of this Bangor Parks and Recreation Program.

MOVIES: On occasion, we will show movies to the children in the program. For children in K-5th grade, only G and PG movies will be shown. For children in 6th-10th grade, only G, PG, and PG13 movies will be shown. By initialing and signing below, I give permission for my child to view movies that are shown as part of this program.

PHOTOGRAPHS: I give permission for my child to be depicted in any photo or video taken during Bangor Parks and Recreation Programs, including but not limited to photos or videos used to advocate and/or publicize our Parks and Recreation Programs. These photos or videos may be used in local newspapers, brochures, on our website, television, or any other type of publication. By initialing and signing below, I give permission for my child to be included in photos or videos.

RELEASE OF LIABILITY: I am aware by participating in these Programs there is a risk of injuries or accidents, and will not hold responsible for such injuries or accidents the City of Bangor, its employees, agents or volunteers, or owners or managers of properties on which my child may be during the course of my child's participation, and waive all rights and claims against them. I will indemnify and hold harmless the City of Bangor for any and all such claims, including but not limited to claims arising out of the negligence of the City or its employees. In addition, I give the City of Bangor and its employees, agents, and volunteer's permission to contact our family physician, emergency medical personnel, and/or a hospital for medical treatment to be applied to my child in case of injury or accident.

Name of Child(ren)

Parent/Guardian's Signature

Date