



Wildwood Park District
EMERGENCY CONTACT INFORMATION

PLEASE PRINT

Child's Last Name Child's First Name

Date of Birth Check: Male Female Primary Email

Address City

Table with 5 columns: PARENT GUARDIAN, NAME, CELL PHONE #, HOME PHONE #, WORK PHONE #. Rows include Mother and Father.

(If applicable)

Caregiver's Name Caregiver's Cell #

MUST LIST TWO (2) persons to contact in case of emergency if parents are unavailable (other than parents or caregiver).

The two (2) persons listed may pick up my child if necessary. ** Emergency persons must live within a 10-15 minute drive from school **.

1. Name Relationship to Child

Address City

Home Phone Cell #

2. Name Relationship to Child

Address City

Home Phone Cell #

List health concerns: i.e., allergies, medications, seizures, diabetes, etc. (For emergency use)

Blank lines for health concerns.

My child will not be released to anyone, but his/her parents, the above persons, or persons listed on 'Authorization For Pick Up' form. The Wildwood Park District Staff must have WRITTEN PERMISSION to release your child to any other person. In case of illness or emergency, I authorize the Wildwood Park District Staff to provide any emergency care deemed necessary for my child, including CPR, administering first aid, and calling emergency medical services.

Date Parent/Guardian Signature