City of Bellevue Parks & Community Services Department
Child Information Form/Disaster Release Form
(This form will be kept confidential.)

CHILD'S NAME: _____
Last First Age

ALLERGIES: YES ☐ NO ☐ Explain: _____

SPECIAL CIRCUMSTANCES:
Please list any medical, behavioral and/or family circumstances that you would like to share so we can better care for your child.

_____

_____

PARENT/GUARDIAN

Home address: _____

Telephone:_____
Home

Telephone:_____
Work

Cell/Pager: _____

Email:_____

PARENT/GUARDIAN

Home address:_____

Telephone:_____
Home

Telephone:_____
Work

Cell/Pager: _____

Email:_____

WAIVER OF LIABILITY/ PHOTO RELEASE

WAIVER OF LIABILITY – PLEASE READ CAREFULLY: In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, on behalf of myself and my child(ren) I assume all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my children, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I or my child(ren) now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I or my child(ren) may have to bring a legal action to assert a claim against the City of Bellevue for negligence. I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability printed above: **Photo/Video Release:** I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.
I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability printed above:

_____ _____
Signature Date

FIELD TRIP PERMISSION SLIP

I hereby give my permission for my child(ren) to attend all field trips. I understand that transportation will be provided by Bellevue School District buses, City of Bellevue vehicles, or charter buses.

SWIMMING ABILITY: None ☐ Beginner ☐ Intermediate ☐ Advanced ☐

SUNSCREEN AUTHORIZATION

I give my permission to City of Bellevue staff to apply sunscreen to my child, which may be applied as a lotion, spray-on, roll-on, or towelette. I further agree not to hold the City of Bellevue, its employees, or officials liable for any adverse reaction my child may have to the applications of sunscreen.

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician or hospital for my child(ren) if I cannot be reached in case of an emergency. My consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, or x-ray examinations, transfusions, injections or drugs and the performing of whatever operations may be deemed necessary or advisable. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care. This authorization shall remain in effect until revoked in writing, with notice to the treating physician and hospital.

By Signing Below, I agree to the Field Trip, Sunscreen Authorization, and Consent to Medical Care and Treatment of Minor listed above:

_____ _____

Signature of Parent/Guardian Date

EMERGENCY CONTACT/AUTHORIZED ALTERNATE PICK-UP PEOPLE

Persons, other than parents, allowed to pick up your child. I hereby give my permission for my child(ren) to be picked up, or contacted, by the following people:

Name: _____ Name: _____

Home telephone: _____ Home telephone: _____

Work telephone: _____ Work telephone: _____

In the event of an emergency, registered participants under the age of 18 will not be allowed to walk home unattended or leave the program, class or activity with non-authorized adults. Authorization for releasing a participant must be made in writing by a parent or legal guardian.

Please list a friend or family member, who lives out of state, that we can call with information in case local telephone service is interrupted.

Name: _____ Phone: _____

Medical Alert:

Condition: _____ Medication: _____

Additional Information: _____

For City Use Only

The participant was released to: _____ By: _____

Date: _____ Time: _____ (AM) (PM) Destination: _____

Photo identification: _____

Signature of Parent, Guardian or Authorized Designee: _____