



# City of Bellevue Parks & Community Services Department Child Information Form

**CHILD'S NAME:** \_\_\_\_\_  
One form per participant Last First Age

**Name and Date of Camp(s)** \_\_\_\_\_

**ALLERGIES:** YES  NO

**Do they have any prescribed medication for their allergy and/or any medication that may need to be taken at camp?** YES  NO  \*If yes, please complete Medication and Epinephrine Auto-Injector Authorization Form.

List all allergies and explain: \_\_\_\_\_

**Other Medical, Behavioral and/or Family issues:**

Please list any medical, behavioral and/or family circumstances we should be aware of so that we can better care for your child. \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Cell  Home  Work

Phone 2: \_\_\_\_\_ Cell  Home  Work

Email: \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Cell  Home  Work

Phone 2: \_\_\_\_\_ Cell  Home  Work

Email: \_\_\_\_\_

**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:

	Contact Name	Relation	Cell Phone	Work Phone
1				
2				
3				

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.

Contact Name	Relationship to child	Cell Phone	Work Phone



For alternate formats, interpreters, or reasonable accommodation requests please phone at least 4 hours in advance 425-452-6885 (voice) or email [Parksweb@BellevueWa.gov](mailto:Parksweb@BellevueWa.gov). For complaints regarding accommodation, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice) or email [ADATitleVI@BellevueWA.gov](mailto:ADATitleVI@BellevueWA.gov). If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.