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. For complaints regarding accommodation, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice) or email ADATitleVI@BellevueWA.gov. If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.

Approved by Legal KP 3/19/24

WAIVER OF LIABILITY/RELEASE – 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 the City-sponsored activity(ies) identified herein, **I ASSUME ANY AND 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 heirs, executors, assigns, and personal representatives, to waive and **RELEASE** any and all rights and claims for damages, including attorney fees, I 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 the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this **WAIVER OF LIABILITY** and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

I accept the conditions printed above:

_____ _____

Participant's Parent/Guardian Signature Date

_____

Printed Name

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FIELD TRIP PERMISSION SLIP-*When Applicable*

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

I accept the conditions printed above:

Signature of Parent/Guardian _____ Date _____

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 officials, employees, or agents liable for any injuries or damage caused by an adverse reaction my child may have to the application of sunscreen.

I accept the conditions printed above:

Signature of Parent/Guardian _____ Date _____

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 health care provider or hospital for my child if I cannot be reached in case of an emergency. My consent includes, but is not limited to, administration of anesthetics, medical treatment, tests, or x-ray examinations, transfusions, injections or drugs and the performing of whatever diagnostic procedures and/or surgical 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.

I accept the conditions printed above:

Signature of Parent/Guardian _____ Date _____

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