

# Cardinal Place Child Emergency/Permission Form

## Field Trip Permission

I, the undersigned parent/guardian of the aforementioned child do hereby grant permission and authorize the child named \_\_\_\_\_ to participate in field trips, walking trips, swimming trips and/or other activities sponsored by Cardinal Place. I understand that the child named \_\_\_\_\_ will be under Cardinal Place staff supervision through out the time of trips. Beyond this, I will not hold Cardinal Place or those driving and/or supervising responsible.

## Swimming Group Categories

In preparation for swimming trips, you must assign your child to one of the swimming categories below. Based upon your child's ability and your choice, please check one of the two boxes below.

**Swimmer Participant (Group A)**

My child:

- can swim a minimum of 25 yards
- Is allowed to enter water beyond waist in an area designated by the lifeguard.

**Water Participant (Group B)**

My child:

- cannot swim a minimum of 25 yards
- Is allowed to enter water in an area designated by lifeguard or C.P. staff

## Publicity Release Permission

I, the undersigned parent/guardian, grant Cardinal Place my permission to use photographs/videos of the aforementioned child (full names of child will not be used) for public relations and/or informational publications for the program ONLY.

If you DO NOT give permission, please check box

## Provide a picture of your child

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Summer Site \_\_\_\_\_ Current Grade \_\_\_\_\_

School Year Site \_\_\_\_\_ Entering Grade \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  M  F Clinic Name \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance: Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

1. Special health related conditions or accommodations needed (diet, medications, allergies, chronic illness, etc) \_\_\_\_\_
2. Prior hospitalizations or injuries \_\_\_\_\_
3. Physical description of your child (height, weight, scars, moles, etc) \_\_\_\_\_

### Parents/Guardian Information:

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Evening Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Persons from different residences who are AUTHORIZED to take your child from the program and assume emergency responsibility if you cannot be reached. (Please make these people aware that you have listed them): DO NOT LIST PARENTS/GUARDIANS.**

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

3) Name \_\_\_\_\_ 4) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

**List any Specific persons who are NOT ALLOWED to take your child by court order. You must provide staff with a copy of the court order.**

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

The data supplied on this form will be used in event of an illness or emergency of your child. This data will constitute a private record and will not be released to other parties.

In the event of a non-emergency situation such as sickness, minor injuries, or behavioral issues, I request that Cardinal Place staff contact me and I will make arrangements to transport my child from the school or field trip site within one hour. In the event of a serious accident or illness, I hereby authorize Cardinal Place to seek emergency medical or surgical treatment as they may reasonably deem necessary. I authorize any physician, nurse, hospital, clinic, or other health care provider to render such medical and surgical treatment. I release Cardinal Place from any and all claims, liabilities, and damages arising out of or relating to medical and surgical treatment as described herein. I have read the above statements and I agree to supply the data on this card with full knowledge of the information in these statements. A copy of this authorization and release shall be as valid and binding as the original.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date