

B.A.S.E. and B-4 School Parental Authorization Form

B-4 School B.A.S.E. Kinder-Odyssey School _____
Full-Time Part-Time Days _____ I.D.# _____

Child's Name: _____ Phone#: _____ Cell#: _____

Home Address: _____ City: _____ Zip: _____

E-mail Address: _____

Parent's/Legal Guardian: _____

Child Lives With: _____ Birthdate: _____ Grade: _____

Mother's Employer: _____ Address: _____

Phone: _____ Hrs: _____

Father's Employer: _____ Address: _____

Phone: _____ Hrs: _____

Allergies, diseases, disorders, or disabilities: _____

Activities child should not participate in: _____

Special circumstances the Park District should be aware of: _____

Does your child require special assistance? Yes No _____

Does your child require medication during program hours? Yes No
(if Yes, Medication Dispensing Information Form must be completed)

EMERGENCY CONTACTS: Include all authorized individuals to be contacted other than parents.

1. Name: _____ Phone (work) _____ (home) _____

2. Name: _____ Phone (work) _____ (home) _____

AUTHORIZED INDIVIDUALS: Include all authorized individuals to pick up child from program other than parents or emergency contacts. Children will **ONLY** be released to persons listed below.

1. Name: _____ Phone (work) _____ (home) _____

2. Name: _____ Phone (work) _____ (home) _____

EMERGENCY TREATMENT RELEASE: As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child needs emergency medical treatment and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed. I declare that I exercised my own judgement in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the Morton Grove Park District or its employees, agents or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

Signature of Parent/Guardian: _____ Date: _____