

BCP&R Camp Alameda 2019

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

****Parent/Guardian Phone number is critical in case of emergency or approval for pick-up of child****

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	
City, ST ZIP Code	

Additional Names for Child Pick up

Name	Relation to child	Phone Number (Cell Preferred)
Name	Relation to child	Phone Number (Cell Preferred)

I give permission for my child to participate in camp related activities. I release Butler County Parks and Recreation and individuals from liability in case of accident during activities related to Butler County Parks and Recreation Camp Alameda, as long as safety procedures have been taken.

Parent's/Guardian's Signature

Date

Medical Information

Parent/Guardian Release for Each item indicated: Walks/Trips,
Transportation by facility, administration of minor first aid, swimming.

Parent/Guardian Signature

Date

Please return to Butler County Parks and Recreation

BCP&R Camp Alameda 2019

Hospital/Clinic Preference _____

Phone Number _____

Insurance Company _____

Policy Number _____

I, the undersigned, being the parent (legal guardian) of the child/children enrolled in the Butler County Parks and Recreation activities program do hereby authorize and request that the local Emergency Medical Services render such medical or surgical services as may be indicated to my child in the case of an emergency and my non availability. I also agree to accept financial responsibility for such treatment.

Names of children and ages:

Age: _____

Age: _____

Age: _____

Age: _____

Name of parent /Guardian: (Please Print) _____

Phone and Address: _____

Medical Information/Allergies:

Please be sure to list medical information so that the staff is able to accommodate your child in the summer.

Release of Claims

Release made by the undersigned, (Name) _____, of
(Address) _____

_____, to the
County of Butler, a municipal corporation. In consideration of the permission granted to us, the undersigned, to participate in the Recreation Program, sponsored by the Butler County Parks and Recreation Department, I/We hereby forever discharge and release the County of Butler, its successors and assigns, employees and agents from all debts, claims, demands, damages, actions, and cause of action whatsoever, which we may now have or may hereafter have, as a result of our participation in the Recreation Program.

In Witness Whereof, I/We, the undersigned, have executed this release at the place and ate and year appearing after each of our signatures.

Date: _____ Signature: _____

Print Name: _____

Address: 184 Alameda Park Rd Butler PA 16001

Please return to Butler County Parks and Recreation