

# 2012 Kids Day Off



Thursday, February 16, & Friday, February 17

8:30 a.m.-3:30 p.m.

Holcom Park Recreation Center, 2700 W. 27<sup>th</sup>

\$42 per child

Ages 5-12

Join us at Holcom Park Recreation Center for fun on your days off! We will be creating arts and crafts and playing games. The program will be offered Thursday and Friday, February 16-17, from 8:30 a.m. to 3:30 p.m. **You will need to bring a brown bag lunch.**

All children participating in Kids Day Off are required to fill out the parent consent form and the health information sheet (on the back). Please complete and return the form to Holcom Park Recreation Center, 2700 W 27<sup>th</sup> St. *Forms may also be returned by mail to: Kids Day Off, Holcom Park Recreation Center, 2700 W. 27<sup>th</sup> St., Lawrence, KS 66047.* **For more information contact Duane Peterson, Special Events Supervisor, at 832-7940.**



## Parent Consent Form

CHILD NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_  
Street City State Zip

BIRTHDAY \_\_\_\_\_ GRADE (Spring '12) \_\_\_\_\_ SCHOOL \_\_\_\_\_

EMAIL \_\_\_\_\_

### **\*PLEASE FILL OUT THE BACK OF THIS FORM\***

I consent to my son's or daughter's (circle one) participation in the Lawrence Parks & Recreation Kids Day Off Program. The participant listed above also has permission to attend and be transported by school bus to and from all Special Events for the Kids Day Off Program. I will hold neither the Lawrence Parks & Recreation Department nor its employees responsible for injury or accident.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**HEALTH INFORMATION SHEET ON BACK**

Makes checks payable to: LPRD

#### **OFFICE USE ONLY**

**CODE # 125190 A**

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ VISA/MC \_\_\_\_\_ REC. BY \_\_\_\_\_ DATE \_\_\_\_\_

# CITY OF LAWRENCE PARKS & RECREATION HEALTH INFORMATION

PARENT/GUARDIAN \_\_\_\_\_ HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

## EMERGENCY CONTACTS:

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE# \_\_\_\_\_

## AUTHORIZED TO PICK UP CHILD:

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

## GENERAL INFORMATION

For Leader's use only to help your child enjoy our program more fully.

1. My child is outgoing \_\_\_\_\_ shy \_\_\_\_\_ in between \_\_\_\_\_.
2. My child is excited about this program \_\_\_\_\_ coaxed into going \_\_\_\_\_ fearful about going \_\_\_\_\_.
3. My child wants to \_\_\_\_\_ from this program more than anything else.
4. I want my child to \_\_\_\_\_ in this program more than anything else.
5. Please rate your child's swimming ability:      beginner \_\_\_\_\_ average \_\_\_\_\_ excellent \_\_\_\_\_.

## MEDICAL INFORMATION

Doctor's name \_\_\_\_\_ phone# \_\_\_\_\_

Clinic or hospital preference \_\_\_\_\_

### IMMUNIZATIONS

DPT Series \_\_\_\_\_ booster \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio OPV (Sabin) \_\_\_\_\_ booster \_\_\_\_\_

### PHYSICAL CONDITIONS

Ear Infections \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Convulsions \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart \_\_\_\_\_

### ALLERGIES

Hay Fever \_\_\_\_\_

Poison Ivy, etc. \_\_\_\_\_

Insect Stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Sulfa Drugs \_\_\_\_\_

### DISEASE

Chicken Pox \_\_\_\_\_

Measles \_\_\_\_\_

German Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Asthma \_\_\_\_\_

Will your child need any special accommodations to be successfully integrated into this program? This may include, but not be limited to a lower staff to child ratio, personal care and/or medication assistance. Please explain \_\_\_\_\_

Health problems we should know about \_\_\_\_\_

Is your child taking medication? \_\_\_\_\_ What? \_\_\_\_\_

Medication Schedule \_\_\_\_\_

## HEALTH INSURANCE

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

## AUTHORIZATIONS

(check lines that apply and sign below)

- \_\_\_ 1. I authorize the City of Lawrence Parks & Recreation to transport my child to and from program activities.
- \_\_\_ 2. The health history on this form is correct so far as I know: the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.
- \_\_\_ 3. If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, named above.

MY SIGNATURE BELOW CONSTITUTES AUTHORIZATION FOR ITEMS CHECKED ABOVE.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_