

Westlake Safety Town
Medical Information, Use of Photography & Transportation Consent Form

Name of child _____ Date of birth _____

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Parent/Legal Guardian Information:

Parent name _____ Contact number: _____

Parent name _____ Contact number: _____

List two other contacts in case of emergency:

Name _____ Contact number: _____

Name _____ Contact number: _____

Authorized person(s) to pick up/drop off my child(ren):

Name _____ Contact number: _____

Name _____ Contact number: _____

Name _____ Contact number: _____

Name _____ Contact number: _____

Medical information

Family Physician: _____ Contact number: _____

Family Dentist : _____ Contact number: _____

List any allergies (bee stings, medication, food, etc.- if so, please list along with any medication used): _____

Does the child suffer from: ___ asthma ___ diabetes ___ epilepsy?

If so, indicate the type of medication that is used: _____

Does the child wear contacts or corrective lenses? _____

Medications regularly taken: _____

Permission to administer child's medication during program (if necessary): YES _____ NO _____

Other important information to be known by staff:

As a parent and/or guardian, I do herewith authorize the City of Westlake to provide transportation to the nearest hospital for my minor child in the event of a medical emergency while they are participating in a City of Westlake Program.

I grant permission for the City of Westlake to take and use photographs for the purpose of Westlake Safety Town.

I also give the City of Westlake permission to transport my minor child as part of his/her participation in the youth programs for various daily field trips, by whatever means of transportation the City of Westlake deems appropriate.

Signature _____ Date _____
(Parent/Legal Guardian)