

# Westlake Safety Town

## Medical, Photography & Transportation Consent Form

### Participant's Information:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent /Legal Guardian Information:

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contacts:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Authorized Person(s) for Pick-up/Drop-off:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Information:

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Information Continued:**

- Allergies (environmental, food, medication, etc.): \_\_\_ Yes / \_\_\_ No

If yes, please explain and list any medication used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Asthma: \_\_\_ Yes / \_\_\_ No

If yes, please explain and list any medication used: \_\_\_\_\_  
\_\_\_\_\_

- Diabetes: \_\_\_ Yes / \_\_\_ No

If yes, please explain and list any medication used: \_\_\_\_\_  
\_\_\_\_\_

- Epilepsy: \_\_\_ Yes / \_\_\_ No

If yes, please explain and list any medication used: \_\_\_\_\_  
\_\_\_\_\_

- Any other medications taken regularly: \_\_\_ Yes / \_\_\_ No

If yes, please explain and list medication used: \_\_\_\_\_  
\_\_\_\_\_

- Other important information to be known by staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission to administer child’s medication during program (if necessary): \_\_\_ Yes / \_\_\_ No

**Consent:**

- ✓ As a parent/legal 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 Westlake Safety Town.
- ✓ I grant permission for the City of Westlake to take and use photographs for the purpose of Westlake Safety Town.
- ✓ I give the City of Westlake permission to transport my minor child as part of his/her participation in Westlake Safety Town program, by whatever means of transportation the City of Westlake deems appropriate.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_