

County Commissioners of Kent County, MD
Department of Parks and Recreation
Kids Room Emergency and Medical Information Registration
www.KentParksAndRec.org

Please complete this form in its entirety for each child who will be cared for in the Kids Room.
This form will remain on file for one (1) calendar year.

FOR OFFICE USE ONLY

Date Received: _____
Time Received: _____
Staff Initials: _____

General Information

Child's First and Last Name

M/F: Age: Date of Birth: Email:

PLEASE PRINT CLEARLY

Parent/Guardian First and Last Name:

Parent/Guardian First and Last Name :

Mailing Address:

City/State: Zip:

Home # Work # Cell #

Medical/Health Information

Does your child have any allergies? (If yes, please list)

Does your child take any medications? (If yes, please list)

Does your child have any behaviors that staff should be made aware of (ADHD, ADD, ODD, etc.)?

Does your child have any medical conditions staff should be made aware of (Diabetes, Epilepsy, Asthma, Heart Conditions, Frequent Ear Infections, Fevers, etc.)?

Emergency Contacts

Please list two (2) persons, other than the parent/guardian.

1. Name _____ Home Phone _____ Cell Phone _____

Relationship _____

2. Name _____ Home Phone _____ Cell Phone _____

Relationship _____

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks and Recreation, it's officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the Parks and Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks and Recreation. In addition I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

Parent/Guardian Signature

Date