

NAME OF CHILD: \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX: M F

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOME PHONE: \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_ GRADE (Going Into) \_\_\_\_\_

**PARENTS/GUARDIANS WITH WHOM THE CHILD RESIDES:**

NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:
EMPLOYER:	EMPLOYER:
WORK HOURS:	WORK HOURS:
BUSINESS PHONE:	BUSINESS PHONE:
CELL PHONE:	CELL PHONE:
EMAIL:	EMAIL:
BUSINESS ADDRESS:	BUSINESS ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:

**TRAVEL AUTHORIZATION**

I give permission for my child, \_\_\_\_\_, to leave Coralville Recreation Department for program field trips by foot, department van, or by bus with Trail Trekkers Summer Program I understand that I will be notified by a handout and/or posted message before each trip.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**PHOTOS**

Registrants and participants permit the taking of photos and videotapes of themselves and their children during City of Coralville sponsored activities for publication and use, as the department deems necessary.

**WAIVER FOR PARTICIPANT BY PARENT**

In consideration of accepting my child's entry into the Coralville Parks and Recreation Department's Trail Trekkers Program, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I, or my child may have against the Coralville Parks and Recreation Commission, City Council, and its successors and assigns, its employees, agents, officers and directors for any and all injuries suffered by myself or my child at an activity sponsored by these groups.

The Coralville Parks and Recreation Department will not be responsible for any child that runs away while attending our program. I further understand the risks inherent to the activity for which my child is entering.

I understand that the rules of Trail Trekkers Program are designed for the well-being and safety of the children participating, and failure to comply with these rules may result in suspension from program activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT FORM AND HEALTH CARE INFORMATION**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Iowa City Hospital Preferred:** \_\_\_\_\_

**Date of Last Tetanus:** \_\_\_\_\_ **Are all immunizations current?: Yes No** (Please specify) \_\_\_\_\_

**Allergies:**(please include both drug, food, or pest) \_\_\_\_\_

**Present Medication:** \_\_\_\_\_

A medication release form must be completed for all medications distributed at the Trail Trekkers Program, including over the counter items.

**Insurance Company:** \_\_\_\_\_ **Policy Holder's I.D.:** \_\_\_\_\_

**Please list significant illnesses and surgeries child has had (give age at time).**

Attach additional sheets as needed:

**Does your child have any physical condition or disability, which our staff should be aware of? Would this restrict his/her activity? Please explain condition and accommodation required:**

**Is this child subject to any condition, which limits classroom or physical activities?**

**Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation? For behavior conditions, please explain approach used at home/school to correct:**

**Other information you would like to share:**

**THIS CONSENT GIVES PERMISSION FOR MEDICAL CARE IN PARENTAL/GUARDIAN ABSENCE AND MUST BE PRESENTED UPON ADMISSION FOR TREATMENT. EVERY EFFORT WILL BE MADE TO NOTIFY THE PARENT/GUARDIAN IMMEDIATELY IN CARE OF EMERGENCY, ILLNESS, OR INJURY. IN THE EVENT THAT THE PARENT CANNOT BE CONTACTED OR ARRIVE AT KATE WICKHAM ELEMENTARY IN AMPLE TIME, THE CHILD WILL BE TRANSPORTED BY AMBULANCE IN AN EMERGENCY SITUATION.**

**IN THE EVENT THAT MY CHILD REQUIRES MEDICAL OR SURGICAL CARE WHILE I AM OUT OF THE CITY OR UNABLE TO BE REACHED, I HEARBY GIVE CONSENT TO MEDICAL OR SURGICAL TREATMENT TO THE ABOVE HOSPITAL AND/OR DOCTOR. I AGREE TO PAY ALL COSTS AND FEES CONTINGENT ON ANY EMERGENCY CARE AND/OR TREATMENT FOR MY CHILD AS SECURED OR AUTHORIZED UNDER THIS CONSENT. THIS CONSENT WILL BE IN EFFECT FROM JUNE 1, 2020 TO AUGUST 15, 2020.**

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

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

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**DATE:**

**TRAIL TREKKERS  
EXCEPTION TO ARRIVAL/DEPARTURE PROCEDURES FORM**

*This form is for exceptions to the arrival/departure procedure for Trail Trekkers.*

This form needs to be completed if your child will be biking to Trail Trekkers, or if he/she will be leaving at a regularly, scheduled time each day.

\_\_\_\_\_ has permission to arrive at or leave Trail Trekkers on  
**Child's Name**

\_\_\_\_\_ at \_\_\_\_\_  
**Week of / Date(s)** **Time**

to \_\_\_\_\_.  
**Destination**

I understand the Coralville Recreation Department will not be responsible before my child arrives to the program or after my child leaves the program as authorized above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_