



Gilpin County Parks and Recreation Youth Programs 2018 Emergency Consent and Release Form



Child's Name: _____
 Address: _____
 School: _____
 Parent's Name: _____
 Employer: _____
 Cell/Work Phone: _____
 Work Address: _____
 Email: _____

Birth date: _____
 Home Phone: _____
 Grade in Fall 18: _____
 Parent's Name: _____
 Employer: _____
 Cell/Work Phone: _____
 Work Address: _____
 Email: _____

Please put a star (*) next to the best way to reach you

Name of siblings in camp: _____

Name(s) of person(s) other than parents to whom the child may be released: **Check box for none []**

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Persons other than parents to be notified in an emergency situation when parents are not available:

Name: _____
 Phone: _____
 Address: _____

Name: _____
 Phone: _____
 Address: _____

Name: _____
 Phone: _____
 Address: _____

Name: _____
 Phone: _____
 Address: _____

The undersigned, as the parent(s) and/or lawful guardian(s) of _____, a minor, hereby grant(s) permission for said minor child to participate in Gilpin County Youth Programs and related activities sponsored by Gilpin County Parks and Recreation (GCPR). I/We hereby verify that the named minor child is physically capable of such participation as determined by me/us and/or our family physician.

I/We hereby agree, on behalf of the undersigned and the minor child that we will abide by the rules and regulations of the GCPR, its affiliated organizations and sponsors. Recognizing that certain unavoidable hazards and risks are an inherent part of any physical activity and the possibility of physical injury associated with GCPR Youth Programs and in consideration for the GCPR accepting my/our child for its programs and activities (the "Programs"), I/we hereby release, discharge and/or otherwise agree to hold harmless and indemnify GCPR its employees, agents and associated personnel, including the owners or leasers of fields and facilities utilized for the Programs, on behalf of my/our child, as well as said child's legal representatives, heirs and assigns, from any injury, death, loss or damage, whether to person or property, other than that resulting from the sole negligence of the GCPR, as a result of my/our child's participation in the Programs and/or transportation to or from the same, which transportation I/we hereby authorize.

In the event my/our child is injured or becomes ill, please contact either parent or the emergency contact listed in the information section above. If contact with a parent, guardian or emergency contact cannot be made or is not possible, I/we hereby authorize the GCPR personnel in charge to seek and consent to any first aid or medical treatment necessary to stabilize or treat my/our child until I/we can be contacted.

Parent/Guardian signature

Date

CONTINUED ON NEXT PAGE

Health Form

MEDICAL INFORMATION

Allergies:	
Medications:	Frequency:
Family Doctor:	Address/Phone:
Preferred Hospital:	Address/Phone:
Health Insurance Company:	Policy #:
Family Dentist:	Address/Phone:

Note: Before Camp Staff may dispense **ANY** medications, including over-the-counter medications, a Medication Administration Form must be completed, **signed by a physician and a parent/guardian**, and returned to the camp. Forms are available from camp or front desk personnel.

Surgery/Accidents/Illnesses/Chronic or Handicapping Problems:

Describe any condition requiring special attention or exemption from participation:

The State of Colorado requires Immunization Records for all children enrolled in our programs to be on file. Please attach the most current record of your child's immunizations, or an exemption form.

Forms available at: <https://www.colorado.gov/pacific/cdphe/immunization-forms>

Gilpin County Youth Camps utilize the secure and confidential Colorado Immunization Information System (CIIS) to track and retrieve immunization information. Please check this box to authorize us to enter your child's information into the CIIS. This will allow any other organization utilizing the CIIS to retrieve your child's immunization information, so that you don't have to.

Please update my child's immunization information in the Colorado Immunization Information System.

OR

Please retrieve my child's immunization information from the CIIS (If your child's information is not in the CIIS, or is incomplete, you will be notified, and required to provide current immunization records, an exemption form, or an immunization plan within 14 days).

Please initial all those that apply:

I give permission for GCPR to take photographs and/or video of my child named above for county media usage (social, written, TV, etc.).

I give permission for my child to participate in field trips and excursions involving walking, GCPR transportation and Gilpin County School District buses.

I give permission for my child to watch TV or movies while with GCPR

I give permission for the GCPR Youth Camp staff to supervise and assist in applying sunscreen to my child, as needed. I understand that I need to bring sunscreen with my child's full name on it.

Special Instructions:

Parent/Guardian signature

Date