



2017 SUMMER FUN PLAYGROUND ON-SITE CONTACT/PERMISSION FORM

MAIL: 323 W MICHIGAN AVE, MARSHALL, MI 49068 OFFICE: 900 S MARSHALL

PHONE: 781-5166 WEB: WWW.MARSHALLREC.COM

Participant _____ Grade _____ Parent(s) _____
(Grade completed June 2017)

Permission:

I hereby give permission to the Marshall Recreation Department to secure emergency medical and surgical treatment for the above-named participant while attending the Summer Fun Playground program. I also understand that the Marshall Recreation Department, Marshall Public Schools, Program Supervisor, playground staff, and any volunteers are in no way responsible for any injuries that may be incurred by the above-named participant during the Summer Fun Playground program.

I hereby give permission for the above-named participant to swim at the Marshall High School pool, Coldwater Aquatic Center and Full Blast Waterpark with the Marshall Rec Summer Fun Playground Program. Yes ___ No ___

I hereby give permission for the above-named participant to attend field trips and other off-site activities with the Recreation Department's Summer Fun Playground Program. Yes ___ No ___

Images of the above-named participant may be used on the Dept website and/or social media for program marketing. (Name not used with photos.) Yes ___ No ___

I have received the 2017 Guide To Summer! Yes ___ No ___

How will your child be transported to and from playground? Walk/Bike ___ DART ___ vehicle ___ If vehicle, who will be transporting? _____

Primary Phone _____ Secondary Phone _____ OtherPhone _____ Email _____

In case of emergency, who may we notify if parents cannot be reached?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Doctor _____ Phone _____ Allergies/Special Problems _____

Is an Epi-pen needed? ___ Yes ___ No

Parent/Guardian Signature _____

Date _____



SUMMER FUN PLAYGROUND 2017

MEDICATION FORM (RETURN ONLY IF NEEDED)

Participant _____ is under care of _____ Doctor _____

who has prescribed the following medication _____
Name of Medication

The medication should be taken: time of day _____ dose _____ type _____
pill, drops, liquid, other

Duration of prescription _____ Doctor's Phone: _____

MEDICATION POLICY: During the course of various Recreation Department sponsored activities it often becomes necessary for a participant to take medication. In order to closely control the dispensation of that medication, the following procedure will be followed:

- All medication is to be hand delivered by the parent/guardian to the Recreation Department Supervisor in charge of a given activity or event.
- All medication is to be in a properly labeled container bearing the pharmacist's label of contents or in the original packaging.
- It is the students responsibility to request the medication from the Recreation Department Supervisor in charge of a given activity or event at the time medication should be taken.
- Student will administer their own medication.
- A medication form must be completed by the parent which includes participants name and acknowledgment of the Recreation Department's Medication Policy.

UNDER NO CIRCUMSTANCES SHOULD the student hand carry the medication to any Recreation Department sponsored activity. Non-labeled medication **WILL NOT** be accepted by the Recreation Department Supervisor.

I authorize the Recreation Department to properly store the above medication. I acknowledge receipt of the Recreation Department's Medication Policy for participants who take medication and agree to abide by the said policy listed in the Participant Handbook of Guidelines and Rules.

Parent/Guardian Signature _____

Date _____