



YORK CITY RECREATION AND PARKS BUREAU
(Office Hours: Monday through Friday, 8 am to 5 pm)
101 South George Street, York PA 17401 - 717-854-1587

**SUMMER PARK PROGRAM
PARENTAL CONSENT FORM
PLEASE READ CAREFULLY**

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR CHILD THE FIRST DAY OF THE SUMMER PARK PROGRAM (JUNE 12TH)

Note: Staff must be notified in writing of any changes immediately.

A SEPARATE FORM MUST BE COMPLETED FOR EACH PROGRAM PARTICIPANT

NAME OF PROGRAM PARTICPANT: _____

CHILD DROP OFF & RELEASE PARENTAL/GUARDIAN CONSENT

Please read each option carefully. Please check all that apply:

I _____ (parent/guardian) **will bring** my child(ren) to the Summer Park Program.

I _____ (parent/guardian) **give my consent for the following individual(s) to bring** my child(ren) to the Summer Park Program:

Name _____ Relationship _____

Name _____ Relationship _____

I _____ (parent/guardian) **give my permission for my child(ren) to be released (picked-up by) to the following individuals:**

Name _____ Relationship _____

Name _____ Relationship _____

I _____ (parent/guardian) **give my permission for my child(ren) to walk to and from the Summer Park Program by her/himself.**

PRESCRIBED MEDICATION Does your child take medication? Yes No (If more space is needed, use back of page.)

What? _____

For? _____

Dosage (how much)? _____ How often? _____

Any allergies? Yes No / If YES, what? _____

Dosage administered: Orally as liquids, capsules, tablets, or chewable tablets Injection Nasal

Date of Last Tetanus Shot _____

***Park staff is not permitted to give a child any medications. All medications must be self-administered by the child. Prescribed medications must be listed on the medical form and clearly labeled with name and instructions. ***

PARENT/GUARDIAN CONSENT SIGNATURE

Print _____ Signature _____ Date _____