

The City of York Pennsylvania

The Honorable Michael R. Helfrich, Mayor



India Banks
Interim Director of
Department of Public Works
P: (717) 849-2245
C: (717) 849-2279

York City Parks & Recreation 2025 Summer Parks Program

PROGRAM DATES: June 16 through July 24, 2025 - Monday through Thursday - 9 AM to 4 PM

EMERGENCY CONTACT / MEDICAL INFORMATION / TREATMENT CONSENT

IMPORTANT INFORMATION ***PLEASE READ VERY CAREFULLY

- ❖ This document **MUST BE COMPLETED & RETURNED THE FIRST DAY OF CAMP FOR EACH CAMP PARTICIPANT.**

EMERGENCY CONTACT PERSON, IN CASE PARENT/GUARDIAN CAN'T BE REACHED

(Emergency contact person should be home during the day and have transportation available.)

- 1) Name _____ Relationship to child _____
Address _____ Phone _____
- 2) Name _____ Relationship to child _____
Address _____ Phone _____

EMERGENCY MEDICAL AID

Name of Family Physician _____ Phone _____
Name of Dentist _____ Phone _____
Health Insurance Company _____ Policy/Group # _____
Policy listed under whose name _____

Preferred Hospital ☐ York Hospital ☐ UPMC Pinnacle Memorial Hospital

(Children must self-administer any necessary medication under staff supervision. Summer Parks Program staff will not give medication. No child will be allowed to use medication unless stated on this form.)

CONTINUED ON BACK OF PAGE

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York, PA 17401
www.yorkcity.org

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PLEASE READ!

INITIAL & SIGN WHERE INDICATED

Treatment Consent Form

I hereby grant permission for the staff of the Summer Parks Program and the City of York to seek treatment at the medical facility of their choice for my child, in case of an emergency. I also authorize the medical personnel of that facility to provide any and all necessary treatment. I understand that I will be totally and completely responsible for any medical treatment and related costs which my child incurs while participating in the Summer Parks Program.

Initials _____ (By initialing you acknowledge that you have carefully read the Treatment Consent Form)

By signing this document, you have acknowledged that you have read all parts of the document and agree to provide the aforementioned information for your child's participation in the 2025 Summer Park Program.

Signature _____
Parent/Guardian

Date _____

Revised 4/4/23
Recreation Specialist\Youth Programming\Summer Parks\
2019 Program DOCS\2019 Emergency Contact Medical Consent

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