



2019 Summer Playground Emergency Contact Form

Participant's Name _____ Grade _____
(Last) (First)

Address _____ City _____ Zip _____

Home Phone Number _____ Date of Birth _____

Parent Name _____ Work # _____ Cell# _____

Allergies or Medical Concerns _____

EMERGENCY CONTACTS

In the event of an illness or emergency, we will always attempt to contact a parent first. In the event a parent cannot be reached, who else do we have permission to contact?

1st Contact: _____
(First and Last Name) (Phone Number)

2nd Contact: _____
(First and Last Name) (Phone Number)

3rd Contact: _____
(First and Last Name) (Phone Number)

I understand that the West Allis - West Milwaukee Recreation Department Summer Playground program is a drop in program. I understand that while on the playground, my child will be encouraged to participate in ongoing supervised activities. I know that this program is not an alternative to child care, attendance is not monitored, and that my child is allowed to arrive and depart the playground at any time.

Parent Signature _____ Date _____

Please return this form promptly to the Summer Playground Program location your child attends.