

Participant Information Please fill out following information, *as applicable* to the program for which you are registering.

Participant Name: _____ **Age:** _____ **M / F**

Program Name: _____ **Program Location:** _____

Session Number and/or Time: _____ **Class Level:** _____

① Medical Alert

Please list any health concerns, limitations, restrictions, allergies and/or medical conditions that staff needs to be aware of?

My child carries an Epi-Pen and I have filled out the Request to Facilitate Medication form.

② Request to Facilitate Medication

The City of Gainesville is not responsible for administering medications. Arrangements must be made to have medications or any other medicinal needs administered by a parent/guardian. It is important that staff be made aware of any allergies or behavioral conditions that effect your child.

My child will need to self-administer medication.

Staff members are not permitted to administer medication however, staff can facilitate your child to self-administer medication. Please complete the Request to Facilitate Medication form on site when you drop off your child.

My child does not need to self-administer medication.

③ Authorized Release

I authorize the following person(s) to drop off and pick up my child from the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department. I understand and agree that a state or federally issued picture identification card will be required from the authorized person(s) prior to releasing my child into their custody. I further understand and agree that my child will not be released into the custody of any person(s) who are not listed as authorized.

Name: _____	Relationship to child: _____	Phone: (____) _____
Name: _____	Relationship to child: _____	Phone: (____) _____
Name: _____	Relationship to child: _____	Phone: (____) _____
Name: _____	Relationship to child: _____	Phone: (____) _____

Is your child authorized to sign themselves out of the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department?

Yes, I authorize permission.

I authorize permission to release my child from staff supervision and consent to allow my child to walk home without parental supervision from the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

No, I do not authorize permission.

④ Field Trip and Movie Permissions

I authorize permission for my child to participate in off-site trips at the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

- Yes, I authorize permission.**
- No, I do not authorize permission.**

I authorize permission for my child to watch movies based on the selected ratings below at the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

- Yes, I authorize permission to watch PG rated movies.**
- Yes, I authorize permission to watch PG-13 rated movies.**
- No, I do not authorize permission.**