



VILLAGE OF ORLAND PARK RECREATION DEPARTMENT

Dear Parents,

In order to better serve both you and your child, especially in the case of an emergency, we would like you to fill out the information requested below. This will help us contact you or a close friend or relative if necessary. This will also give us an emergency release form for your child if an attempt to reach you or your emergency number fails. Please fill out the information and return it to your child's instructor or the Orland Park Recreation Department as soon as possible. Thank you.

Sincerely,

Nancy A. Flores
Director of Recreation

Andrea Smaga
Recreation Supervisor (708-403-6144)

NAME OF CHILD: _____ BIRTHDATE: _____

HOME ADDRESS: _____ HOME PHONE#: _____

CITY: _____ ZIP: _____

MOTHER'S NAME: _____ WORK PHONE#: _____ CELL PHONE #: _____

FATHER'S NAME: _____ WORK PHONE#: _____ CELL PHONE #: _____

CLOSE FRIEND/RELATIVE: NAME: _____

ADDRESS: _____ PHONE#: _____

If I cannot be reached or there is insufficient time to contact me, I give my consent to the Village of Orland Park Recreation Department in the event of any accident or emergency to seek and procure whatever emergency care or treatment deemed reasonably necessary at the time.

Parent's Signature

Date

The student has the following allergies or medical problems:

The family doctor and his/her phone is: _____

We (I) agree to the permission stated above, and we agree to pay for medical bills arising from such treatment. Our insurance carrier is: _____

Please list below people and their relationship that may be picking up your child, excluding yourself. Photo identification will be required.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____