



FOUNDED JULY 4, 1772

CITY OF SUNBURY

225 Market Street
Sunbury, PA 17801
Voice: 570-286-7820
Fax: 570-286-3090
sunbury1@ptd.net
www.sunburypa.org

PLAYGROUND EMERGENCY CONTACT INFORMATION (Page 1 of 2)

PLEASE PRINT ALL INFORMATION

Child's Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Child's Nickname? _____

Parent / Guardian Name(s) _____

Occupation: Mother _____ Father _____

 Work Phone: _____ Work Phone: _____

 E-mail: _____ E-mail: _____

Is there anything else we should know about your child?

I / we give permission for the above named child to participate in City of Sunbury playground activities, including physical activities. I hereby release the City of Sunbury playground program from responsibility for personal property or injury occurring while the child is participating in the City of Sunbury playground program. I / we, as parent / guardian understand that by signing this paper that I / we are responsible for my child while they are outside the confines of the fenced in playground area. I understand that the City of Sunbury playground program is not an alternative to a licensed day care program.

Parent / Guardian Signature(s) _____

Date: _____



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(Note: This is NOT a registration form)

Child's Name _____ Date of Birth _____

I. MEDICAL RELEASE

To hospital or physician: You have my permission to give emergency medical treatment to my child as determined to be necessary by you and / or the playground counselor from the City of Sunbury Playground Program.

Parent / Guardian _____ Date _____

II. PRIMARY EMERGENCY CONTACT

Name _____ Telephone _____

Relationship to Child _____

III. ALTERNATE EMERGENCY CONTACT

Name _____ Telephone _____

IV. CHILD'S PHYSICIAN

Name _____ Telephone _____

Address _____

(Street, City, State, Zip)

V. HOSPITAL PREFERENCE _____

VI. MEDICAL INSURANCE _____

(Name /Number)

VII. SPECIAL MEDICATIONS / MEDICAL PROBLEMS OR CONCERNS (Allergies, etc.)

VIII. PERSON(S) TO WHOM YOUR CHILD MAY BE RELEASED (If injured at playground)

