

Kennebunk Parks & Recreation – Six Flags Overnight Trip Form

NAME OF PARTICIPANT: _____ DOB: ____/____/____

PARENT/GUARDIAN NAME: _____

HOME PHONE #: _____ CELL PHONE #: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE #: _____ CELL PHONE #: _____

LIST ALL MEDICATIONS, MEDICAL CONDITIONS, ALLERGIE: _____

FAMILY MEDICAL INSURANCE COMPANY: _____ PLAN #: _____

MEDICAL TREATMENT PERMISSION – SIGNATURE REQUIRED I understand that in the event that emergency medical treatment is needed that would reasonably require the assessment or attention by a physician or medical provider, reasonable attempts will be made to reach the parents, doctor, and emergency contacts. If the aforementioned people cannot be reached, I authorize Kennebunk Parks & Recreation staff, or an emergency medical services representative, to take my child to the nearest appropriate treatment center for medical treatment. I also authorize the administration of first aid treatment for my child.

A Kennebunk Parks & Recreation Department staff may also dispense prescription medication and non-prescribed medications per the authorized medication form which I understand must be on file with the department prior to the trip. A form is available from the department office at the town hall or on the department’s website. In addition, in the event of minor injuries or ailments not reasonably assessed by department’s staff to require treatment by a medical provider, I authorize the administration of non-prescribed medications (Tylenol, Advil, Tums, Pepto-Bismol, Imodium, etc.) and understand that Kennebunk Parks & Recreation staff will make every reasonable attempt to contact me prior to dispensing medications. I release and hold harmless Kennebunk Parks & Recreation Department and its staff for dispensing of any medication.

I understand my child has to follow the rules and guidelines given to them by the trip leader. If my child doesn’t follow these rules and guidelines his/her parents or guardian will be called and told to collect them. This could be in the middle of the night and/or result in parents having to make 4 to 5 hour car trip to collect their child. I understand my child’s bags maybe checked, to keep them and other children safe. No cell phones will be allowed in hotel rooms and will be check in/out with staff. Cell phones can be used in the lobby of the hotel, on the bus, and in the park.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____