



## 2024 Open Parks Release Form

**Child First and Last Name**

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### **First Aid Release**

I authorize staff members of the Boys & Girls Clubs of Stoneham & Wakefield who are trained in basic First Aid to administer First Aid to my child when appropriate. I hereby give permission to the medical personnel selected by the Boys & Girls Clubs of Stoneham & Wakefield to order x-rays, routine tests and treatment for my child in the event that I and my emergency contact or physician cannot be reached in an emergency.

I consent

I do not consent

**Does your camper have any allergies? If yes, list them.**

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**Does your child have any health conditions or circumstances (present or past) that could potentially impact their camp day or that you would like to make us aware of? If yes, please describe.**

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**Authorized Pick Up #1**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Authorized Pick Up #2**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**How will your child(ren) depart the program?**

- Parent / Guardian pickup
- Supervised Walk
- Unsupervised Walk

**I give permission to the Boys & Girls Clubs of Stoneham & Wakefield to have, use, publish and reproduce photographs, slides and/or video tapes of my child(ren) for its records, public relations or marketing.**

- I agree
- I do not agree

**Parent / Guardian name**

**Parent / Guardian signature**

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