

**14.4**

**SRSNLC AUTHORIZATION TO CONTACT AND RELEASE INFORMATION**

Participant's Name: \_\_\_\_\_

I, \_\_\_\_\_, grant permission to Special Recreation Services of Northern Lake County and its member park districts (Lindenhurst Park District, Round Lake Area Park District, Waukegan Park District, and Zion Park District) to contact the school, teacher assistant, teacher, social worker, therapist, physician, or individual listed below for the purpose of gathering or releasing information regarding the participant. The information will be used to provide the most effective plan for providing recreation services and proper placement in programs. All information will be kept confidential.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relation to Participant (Teacher, Physician, Etc.): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relation to Participant (Teacher, Physician, Etc.): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relation to Participant (Teacher, Physician, Etc.): \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant, Parent or Guardian

\_\_\_\_\_  
Date

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