

CHILD MEDICAL & EMERGENCY INFORMATION

CHILD'S NAME _____

AGE _____ DATE OF BIRTH _____

MOTHER'S NAME _____ Daytime Phone Number _____

FATHER'S NAME _____ Daytime Phone Number _____

LIST EMPLOYER OR WHERE PARENTS CAN BE REACHED DURING CAMP HOURS:

MOTHER _____ FATHER _____

EMERGENCY CONTACTS:

List name and phone number of nearest relative or friend if parent cannot be reached AND who is authorized to pick up your child from camp:

_____	_____
_____	_____
_____	_____

LIST ANY ALLERGIES, MEDICAL RESTRICTIONS, OR EXISTING MEDICAL CONDITIONS THAT WE NEED TO BE AWARE OF

LIST ANY MEDICATIONS YOUR CHILD IS TAKING

LOCAL PHYSICIAN'S NAME _____ PHONE _____

PLEASE BE AWARE THAT WE ARE NOT AUTHORIZED TO ADMINISTER MEDICATION TO YOUR CHILD. WE ARE RESTRICTED TO BASIC FIRST AID. THERE IS NOT A REGISTERED NURSE ON SITE.
I AUTHORIZE THE STAFF AT THE HOPKINTON RECREATION DEPT. TO CALL FOR AN AMBULANCE FOR MY CHILD IN THE CASE OF A MEDICAL EMERGENCY.

SIGNATURE

DATE

