

CHILD MEDICAL INFORMATION

CHILD'S NAME _____

ADDRESS _____ PHONE _____

AGE _____ DATE OF BIRTH _____

MOTHER'S FULL
NAME _____

FATHER'S FULL
NAME _____

LIST EMPLOYER OR WHERE PARENTS CAN BE REACHED DURING CAMP HOURS

LOCAL PHYSICIAN'S
NAME _____ PHONE _____

ADDRESS _____

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

LIST ANY MEDICATIONS YOUR CHILD IS TAKING

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.

IN THE CASE OF A SEVERE ACCIDENT (BROKEN LEG, UNCONSCIOUSNESS, ETC.) DO YOU
AUTHORIZE THE RECREATION DEPT. STAFF TO CALL FOR AN AMBULANCE? PLEASE SIGN BELOW:

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