SUMMER 2011 CHILD INFORMATION PACKET

Child 1

Attending(Circle): Kids Club Young Explorers Destination Exploration CIT/Leadership Program

PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD

Name: _____ DOB: _____ Age: _____ M/F: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____

Identifying Marks_____

List medical needs, dietary restrictions, allergies, chronic or recurring health conditions, reactions & their treatments, etc: _____

Does child carry Epipen, inhaler, or any other medical device? ____ Yes ____ No

If yes, please explain use and directions: _____

Child 2

Attending(Circle): Kids Club Young Explorers Destination Exploration CIT/Leadership Program

PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD

Name: _____ DOB: _____ Age: _____ M/F: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____

Identifying Marks_____

List medical needs, dietary restrictions, allergies, chronic or recurring health conditions, reactions & their treatments, etc.: _____

Does child carry Epipen, inhaler, or any other medical device? ____ Yes ____ No

If yes, please explain use and directions: _____

Child 3

Attending(Circle): Kids Club Young Explorers Destination Exploration CIT/Leadership Program

PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD

Name: _____ DOB: _____ Age: _____ M/F: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____

Identifying Marks_____

Please list medical needs, dietary restrictions, allergies, chronic or recurring health conditions, reactions and treatments, etc.: _____

Does child carry Epipen, inhaler, or any other medical device? ____ Yes ____ No

If yes, please explain use and directions: _____

Parent/Guardian Info

Name 1: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best Number to Reach Parent: _____ Email Address: _____

Name 2: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best Number to Reach Parent: _____ Email Address: _____

Movie Rating

I give my child permission to watch movies with the following ratings (please check all that apply). Please understand that many educational films are not rated. G_____ PG_____ PG13_____

Publicity/Photo Release

I understand that my child may be photographed or videotaped by Recreation or newspaper/television staff, should they feature our program. I understand that my child's image may appear on Westford Recreation's website and/or publications.

I further understand that only the first name of my child will be used in any images released.

I do _____ I do NOT_____ give permission for my child photographed or videotaped.

Application Permission

Please indicate any or all items that we may apply to your child

Calamine Lotion ____ Antiseptic Towelette ____ Hydrogen Peroxide ____ Sunscreen ____

Bacitracin Ointment ____ Insect Repellent with DEET ____ Other: _____

Parent Pick-up Consent

I hereby authorize Westford Recreation to release my child to the following persons (other than parents/guardian).

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Your child will not be released to anyone other than the people listed above under any circumstances.

The Director and Counselors <u>WILL</u> ask for identification.

Alternate Emergency Contacts

Name: _____ Relationship to child: _____

Home Phone:_____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

First Aid and Emergency Medical Care Authorization and Consent Form

I understand staff in the Westford Parks and Recreation Department has basic first aid and CPR certification. I authorize them to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Westford Recreation to transport my child to the nearest medical care facility.

I also hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia, which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization of treatment.

Child's Physician: _____ Address: _____ Phone #:_____

Child's Dentist: _____ Address: _____ Phone #:_____

Medical Insurance Company: _____ Policy #: _____

Parent/Guardian Signature:_____ Date _____

Handbook Acknowledgment

We, the parent(s)/guardian(s) have received the Parent Handbook & understand that we are responsible to read & agree to abide by the policies and procedures of Westford Parks & Recreation Department.

Parent/Guardian Signature: _____ Date: _____