

CHILD INFORMATION SHEET - SUMMER 2015

Parent/Guardian Info

Name: _____ Relationship to Child(ren): _____
Address: _____ Town: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Best Number to Reach Parent: _____ Email Address: _____

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Address: _____ Town: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Best Number to Reach Parent: _____ Email Address: _____

Child 1

Attending(Circle): Kids Club Ready, Set, Go Destination Exploration Leadership Program

Name: _____ DOB: _____ Age: _____ M/F: _____
Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____
Identifying Marks: _____
Please list any medical needs, dietary restrictions, allergies, etc. _____
Does your child carry an EpiPen®? Yes _____ No _____

PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the program site

Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G _____ PG _____ PG13 _____

PLEASE ATTACH
A RECENT
PHOTOGRAPH
OF
YOUR CHILD

Child 2

Attending(Circle): Kids Club Ready, Set, Go Destination Exploration Leadership Program

Name: _____ DOB: _____ Age: _____ M/F: _____
Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____
Identifying Marks: _____
Please list any medical needs, dietary restrictions, allergies, etc. _____
Does your child carry an EpiPen®? Yes _____ No _____

PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the program site

Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G _____ PG _____ PG13 _____

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Child 3

Attending(Circle): Kids Club Ready, Set, Go Destination Exploration Leadership Program

Name: _____ DOB: _____ Age: _____ M/F: _____
Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____
Identifying Marks: _____
Please list any medical needs, dietary restrictions, allergies, etc. _____
Does your child carry an EpiPen®? Yes _____ No _____

PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the program site

Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G _____ PG _____ PG13 _____

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Publicity/Photo Release

I understand that my child(ren) may be photographed or videotaped by Recreation or newspaper/television staff, should they feature our program. I understand that my child(ren)'s image may appear on Westford Recreation's website and/or publications. I further understand that only the first name of my child(ren) will be used in any images released.

I do _____ I do NOT _____ give permission for my child(ren) photographed or videotaped.

Application Permission

Please indicate any or all items that we may apply to your child(ren).

Calamine Lotion ____ Antiseptic Towelette ____ Hydrogen Peroxide ____ Sunscreen ____
Bacitracin Ointment ____ Insect Repellent with DEET ____ Other: _____

Additional Pick-up Consent

In the event that I cannot pick up my child(ren) for any reason, I authorize Westford Recreation to release my child(ren) to the following individuals.

Name: _____ Relationship to Child(ren): _____ Phone: _____
Name: _____ Relationship to Child(ren): _____ Phone: _____
Name: _____ Relationship to Child(ren): _____ Phone: _____

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

The Director and Counselors WILL ask for identification.

Emergency Contacts: *If parent/guardian cannot be reached.*

Name: _____ Relationship to child(ren): _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name: _____ Relationship to child(ren): _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name: _____ Relationship to child(ren): _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Hospital Preferred: _____ Health Insurance Carrier & Policy #: _____

CONSENT: I authorize Westford Recreation staff to give my child(ren) first aid when appropriate. If my child(ren) require(s) further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, one of the emergency contacts will be notified. If my child(ren) need(s) to be taken to the nearest medical care facility or to my preferred hospital listed above by ambulance, one qualified staff person will accompany my child(ren) to the hospital. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child(ren) as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

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: _____

Please submit Child Information Sheet along with registration form to:
Westford Recreation
PO Box 2444
Westford, MA 01886