

CHILD INFORMATION PACKET

Circle Program Attending:

WPC After School Program REC Club

Child's Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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: \_\_\_\_\_

Movie Rating: I give my child the permission to watch movies with the following ratings (please check all that apply). G \_\_\_\_\_ PG \_\_\_\_\_ PG13 \_\_\_\_\_

Publicity/Photo Release: I understand that my child may be photographed or videotaped by Recreation or newspaper/television staff, should the feature our program and that my child's image may appear on Westford Recreation's website and/or publications. I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child to be photographed/videotaped.

First Aid/Medical:

I understand that the WPC staff has basic understanding of First Aid/CPR. I authorize WPC staff to give my child First Aid when appropriate (including application of topical ointments). \_\_\_\_\_ (initial) 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 the program to transport my child to the nearest medical center facility and/or to \_\_\_\_\_.

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. \_\_\_\_\_ (initial)

Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_

\*PLEASE NOTE: If your child carries an epipen, inhaler, etc. one must be supplied to the site\*\*

Handbook Acknowledgement/Child Info Packet Signature

We, the parent(s)/guardian(s) understand that we are responsible to read & agree to abide by the policies and procedures therein

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

