

Town of Rhinebeck Recreation
PARTICIPANT INFORMATION, MEDICAL AND AUTHORIZATION FORM

This form needs to be COMPLETED IN FULL for application to be accepted.

All information is confidential. Please complete all questions in detail for your child's welfare and enjoyment.

****Please note: If your child is attending camp, current records of immunizations must be provided along with this for. If you have a religious exemption, you must provide a signed, type-written letter stating reasons for not immunizing your child and submit a recent proof of physical**

Remember to sign the back!

CHILD'S FULL NAME: _____

ADDRESS _____

SEX _____ AGE _____ BIRTHDATE ____/____/____

SCHOOL _____ CURRENT GRADE (08/09 SCHOOL YEAR): _____

CUSTODIAL PARENT/GUARDIAN FULL NAME: _____

HOME # _____ WORK # _____ CELL # _____

EMAIL ADDRESS: _____

SECOND PARENT/GUARDIAN FULL NAME: _____

HOME # _____ WORK# _____ CELL# _____

EMERGENCY CONTACT: If you are not available in an emergency notify: (Neighbor – if possible)

NAME _____ RELATIONSHIP _____ PHONE # _____

BRIEF MEDICAL HISTORY **Has provided:** Immunization records
(Please fill out completely)

MEDICAL INFORMATION (Check all that applies and specify)

Allergies (food, meds, insects, etc.): _____

Benadryl supplied by parents** (indication, dose): _____

Prescribed EpiPen**; carried by your child? _____

Asthma

Asthma inhaler**; carried by your child? _____

Other limitations or other precautions (ADHD, Autism, etc.): _____

**** Recreation personnel are not permitted to apply or give medication (including sprays and ointments) of any type. All EpiPens or inhalers, must be carried by a child per his/her parents' discretion.**

Parent/Guardian Signature _____ Date _____

TURN OVER!!!!!!!

AUTHORIZATION FORM

(For reasons of liability, the choice to not give authorization may impact our ability to enroll your child in recreation programs.)

EMERGENCY AUTHORIZATION:

I authorize the Camp Director or Coach to secure appropriate and timely medical treatment for my child in case of medical emergency. I understand that every effort will be made to notify me as soon as possible.

Parent/Guardian Signature _____ Date _____

INSURANCE ACKNOWLEDGEMENT:

I acknowledge that my child will be participating in supervised physical activity where inherent risk is involved. Also, I understand that Rhinebeck recreation programs do not carry medical insurance for program participants.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE:

I understand that occasionally photos will be taken during Rhinebeck recreation programs and possibly used for brochures or other marketing purposes. In these instances, Rhinebeck recreation has my permission to use photos of my child.

Parent/Guardian Signature _____ Date _____

PICK UP RELEASE:

Individuals permitted to pick up my child from the program and their relationship to the child are listed below.

Parent/Guardian Signature _____ Date _____

WALKER/BIKER RELEASE:

My child has permission to leave camp and walk/ride his or her bike home.

Parent/Guardian Signature: _____ Date _____