

# TOWN OF RHINEBECK

## RECREATION

### PARTICIPANT INFORMATION, MEDICAL AND AUTHORIZATION FORM

THIS SECTION TO BE COMPLETED by Rhinebeck Recreation Staff

Resident: \_\_\_\_\_ Non-Resident: \_\_\_\_\_ Immunizations Received: \_\_\_\_\_ Camp: \_\_\_\_\_ SL: \_\_\_\_\_

This form needs to be **COMPLETED IN FULL** for application to be accepted. All information is confidential. Please complete all questions in **LEGIBLE** detailed manner for your child's welfare and enjoyment. \*\* Please note: If you child is attending camp, current records of immunizations must be provided by a doctor along with this form. 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 OF THIS FORM.**

CHILD'S FULL NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_

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ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CHILD'S GRADE ON JUNE 1<sup>ST</sup> OF THE CURRENT YEAR: \_\_\_\_\_

Is this the first year you child/ren are attending Rhinebeck Camp? \_\_\_\_\_

CUSTODIAL PARENT / GUARDIAN FULL NAME: \_\_\_\_\_

Mother: \_\_\_\_\_ - Father: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_ CELL # \_\_\_\_\_

HOME # \_\_\_\_\_ WORK# \_\_\_\_\_

MOTHERS CELL# \_\_\_\_\_ FATHERS CELL # \_\_\_\_\_

MOTHERS E-MAIL ADDRESS: \_\_\_\_\_

FATHERS E-MAIL ADDRESS: \_\_\_\_\_

GUARDIAN E-MAIL ADDRESS: \_\_\_\_\_

#### EMERGENCY CONTACT

NAME:: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

**BRIEF MEDICAL HISTORY**

(Please fill out completely)

**MEDICAL INFORMATION (Check all that applies and specify)**

Emergency Medical Information (check yes or no)

Yes \_\_\_ No \_\_\_ Seizure Disorder      Yes \_\_\_ No \_\_\_ Allergy to a medicine, food, plant, animal, or insect

Yes \_\_\_ No \_\_\_ Diabetes      Details: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Do you have an epinephrine pen?      Yes \_\_\_ No \_\_\_ Heart Trouble

Yes \_\_\_ No \_\_\_ Any condition that requires special care, medication or diet      Explain: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Asthma      Yes \_\_\_ No \_\_\_ Contact Lenses      Yes \_\_\_ No \_\_\_ Bonded Teeth

Explain any of the above: \_\_\_\_\_

**Medical History (check yes or no)**

Does your child have frequent: (circle yes or no)

Y / N Eye Infections    Y / N Respiratory Infections      Y / N Ear Infections    Y / N Urinary Tract Infections

Y / N Throat Infections    Y / N Sensitive Skin

Does your child have: (circle yes or no)

Y / N Heart Murmur      Y / N Stomach/Intestinal Problems      Y / N Back or Joint Pains

Has this person had lice in the past six months? \_\_\_\_\_

Does this person take any medication on a regular basis?    Yes \_\_\_\_\_ No \_\_\_\_\_

Medication: \_\_\_\_\_ For: \_\_\_\_\_

\*Please be advised until The Board Of Health guidelines no staff member is allowed to administer medication. If your child requires medication during program hours they need to either self medicate under staff supervision or a parent needs to be present to administer to them.

Please speak with the Camp Director regarding emergency medication.

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

## POLICY RECOGNITION

### **EMERGENCY MEDICAL ACKNOWLEDEMENT:**

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 and WALKER/BIKER RELEASE:**

Individuals permitted to pick up my child from the program and their relationship to the child are listed below. Please indicate if you child has permission to walk and/or ride his/her bike home.

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

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

### **LATE PICK UP POLICY:**

Parents are expected to pick up their child(ren) promptly at the close of the program at 4:00pm. If you are unable to pick up the child(ren) on time an overtime fee of \$15 per child for each fifteen minutes will be assessed. Payment is due at the time of pick-up (cash or check). Families may not participate again until the late fee has been paid. Exceptions may be made due to uncontrollable circumstances. On-site staff, with the assistance of the Recreation Director, shall be the sole judge of what constitutes an uncontrollable circumstance. If a parent/guardian/emergency contact does not arrive for pick up after 45 minutes and staff has not been able to speak with same, the Police Department will be notified. More than two late pick-ups could result in suspension or termination of your child's enrollment in the program.

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

### **BAD WEATHER ACKNOWLEDGEMENT:**

In cases of inclement weather I am aware that my child will be housed under the pool pavilion until the weather passes. I am aware that camp WILL NOT be canceled. I am aware I have the right to come to the pavilion and pick up my child early.

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

**Mental, Emotional, and Social Health: Circle "Yes" or "No" for each statement.**

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ... Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
5. Does your child have a hard time relating to his/her peers?.....Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. The director may contact you for additional information.

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions:(describe below)

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.