

**RECREATION
SUMMER CAMP
2017**
DUE BY JUNE 1st

Northborough Recreation
RECREATION SUMMER CAMP / CIT
**First Aid & Emergency Medical Care-
Authorization & Consent Form**

FOR OFFICE USE ONLY:
Allergy: _____
Med/Dosage: _____
TIME: _____
Nut-Free table? _____
Med Auth Rec'd? _____

Parents/Guardians: Please take the time to complete this document thoroughly. Your child will not be able to participate in our camps unless this document has been completed and returned to the Recreation Department. Please return this by 6/1/15.

The Board of Health requires a **CURRENT IMMUNIZATION FORM** for each child participating in our camps. This form can be faxed, (c/o Recreation @ 508-393-6996), scanned and emailed, (syoussef@town.northborough.ma.us), or dropped off/mailed to our office, (63 Main Street, Northborough, MA 01532). *Please allow sufficient time to retrieve this document from your child's pediatrician if you do not have a current copy available. DUE BY JUNE 1st, NO EXCEPTIONS. (If registering after June 1st, you will have 3 days to return both this form and the immunization. Children CANNOT attend camp without it. NO FORMS WILL BE ACCEPTED AT CAMP.

PLEASE PRINT CLEARLY

I. Camper Information

Child's Name _____ Date of Birth _____ GRADE (Fall 2017), Pre-K, or CIT _____
Home Phone # _____ Address _____

II. Parent/Guardian Information

Mother's/Guardian Name _____ Address _____
(IF DIFFERENT THAN CHILD'S ADDRESS)

Cell Phone # _____ BEST Phone # M-F, 8am-4pm (6pm extended day) _____
(IF DIFFERENT THAN CELL)

Father's/Guardian Name _____ Address _____
(IF DIFFERENT THAN CHILD'S ADDRESS)

Cell Phone # _____ BEST Phone # M-F, 8am-4pm (6pm extended day) _____
(IF DIFFERENT THAN CELL)

III. Release to Someone Other than a Parent/Guardian

You may authorize people to pick up your child by completing the information below.

Your child can be released to any of these people without a note. You do not have to list anyone.

IV. Emergency Contact Information (Non-Parent/Guardian local contacts)

We will ALWAYS attempt to reach parents/guardians FIRST in any emergency situation. Please list in the order you wish them to be contacted.

Emergency Contact #1:

Name _____ Phone # _____

Relationship to Child _____ Address _____

Emergency Contact #2:

Name _____ Phone # _____

Relationship to Child _____ Address _____

V. Medical Information

Physician's Information: Name _____ Phone # _____

Address _____

Does your child have an aide at school?* (Please circle) Yes No If yes, aide is needed for _____

***If yes, please contact Recreation Director, Allie Lane, by June 1st**

Does your child have any allergies? (Please circle) Yes No **If nut allergy-** Is a "nut-free" lunch table required? (Please circle) Yes No

*If yes, Allergic to _____ Reaction _____

Treatment _____

Dietary Restrictions or Needs _____ **Chronic Health Conditions** _____

Health Insurance Coverage _____ Policy # _____ Subscriber _____

VI. Medications

Please note: All medication should be given to the Program Director prior to the start of each day. **Children are not allowed to keep medication in their bags for the safety of all children.**

Please list any medications and dosage that your child is currently taking:

Will your child need medication administered during camp hours? (Please circle) Yes No

***If YES, you will need to fill out an "Authorization to Administer Medication to a Camper" form.** This form must be submitted to the Recreation office prior to camp start or to the Camp Director directly. Forms can be found in our office at 63 Main St. or you can download it online at www.northboroughrecreation.com. **All medications must be in their original container. If prescribed by a doctor, medication should have the prescription information label attached.**

MEDICATION(S) TO BE TAKEN DAILY AT CAMP (M-F): _____

DOSAGE: _____ **TIME/S:** _____

SPECIAL INSTRUCTIONS: _____

MEDICATION(S) TO BE TAKEN "IN CASE OF EMERGENCY ONLY": _____

DOSAGE: _____ **SPECIAL INSTRUCTIONS:** _____

VII. Special Needs and/or Requirements for Campers

Please check all that apply:

- Physical Disability ___ Hearing Impairment ___ Visual Impairment ___ ADHD/ADD ___ Aide/one-one assistance at school _____
- Autism ___ Cerebral Palsy ___ Diabetes ___ Seizure Disorder ___ Aspergers ___ Respiratory Problems ___ Down Syndrome ___
- Multiple Sclerosis ___ High Blood Pressure ___ Spina Bifida ___ Muscular Dystrophy ___ Other: _____

Please provide details: (i.e. Is the condition controlled with medication? Will your child have an aide with them at camp? ...etc...)

Is your child able to participate in all camp activities without restrictions? If no, please explain:

VIII. BEHAVIOR and PEER RELATIONS

Please check all that apply:

- Physically aggressive ___ Wanders/Runs away ___ Non-compliant ___ Temper tantrums ___ Self-injurious ___ Fears _____
- Verbally aggressive ___ Poor peer relations ___ Withdrawn ___ Hyperactive ___ Oriented to time ___ Oriented to place ___

Please provide details: (ie. What is the most effective way to deal with your child's behavioral challenges? What is the best way to communicate directions to your child? What are your child's fears? ...etc...)

Please list any other information you feel would help us provide the best experience at camp for your child:

X _____

Parent or Guardian Signature

_____ **Parent or Guardian Name**

_____ **Date**

Northborough Recreation- 63 Main Street, Northborough, MA 01532- Phone: (508)393-5034/Fax: (508)393-6996
Camp Director Email: syoussef@town.northborough.ma.us Rec Office Email: recreation@town.northborough.ma.us Web: www.northboroughrecreation.com