

**ORCHARD PARK RECREATION DEPARTMENT**  
**2016 TGIF/ Preschoolers Night Out Health Form**

**Camper Information**

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Nick Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Grade in Fall 2016: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Parent Information**

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**If parent's are unavailable in an emergency, please notify:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Siblings Names: \_\_\_\_\_ Ages: \_\_\_\_\_

Your child's swim ability: ☐ Non Swimmer ☐ Chest Deep Water Swimmer ☐ Deep Water Swimmer

Please list any additional information you would like us to know: \_\_\_\_\_

**Program Waiver**

In registering for this program, I attest that I or my child is at a level of fitness necessary to participate in the program and assume the responsibility of having my or my child's physical condition evaluated if any questions exist. I understand that the Town does not carry insurance to cover any medical bills that result from participating in any recreation program (s). I give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment I am aware of the Recreation Department's policies regarding emergencies, refunds, program cancellations, and program changes. I have read, understand, and agree to the preceding statement.

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

**Health History (Answer and give approximate dates)**

Has your child ever required counseling or hospitalization? \_\_\_\_\_

Operations or serious injuries (list dates) ? : \_\_\_\_\_

Disability or chronic/recurring illness ? : \_\_\_\_\_

Dietary modifications or allergies? : \_\_\_\_\_

Other diseases or conditions ? : \_\_\_\_\_

Any specific activities that your child can not participate in ? : \_\_\_\_\_

**Medications:** If your child requires any medications be taken and overseen at camp, please fill out the following table.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

<b>Drug</b>	<b>Route</b> (orally, topically, etc.)	<b>Dosage</b>	<b>Schedule and Indications</b>	<b>Comments/ Side Effects</b>	<b>Prescription Number</b>

Physician's Signature: \_\_\_\_\_ (if your camper must have medication at camp, your physician must sign here!)

All medications must be in their original container when submitted to the program director.

I hereby request that the staff of the Orchard Park Day Camp supervise my child taking the above medication as indicated.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permission for Pick Up Form**

Below is a table that should be filled in to include any persons you would like to have permission to pick your child up from camp. Please include parent names in the table as well. At pick up, staff will be checking IDs to assure that the appropriate people are taking your child. If a name is not listed below, camp staff will not release your child to that person. Please make every effort to list people that may be picking up your child during the program, including YOURSELF, grandparents, siblings, friends, etc.

Name	Phone Number	Relation

### **Parent permission to take pictures and video footage:**

I authorize the Orchard Park Recreation Department Staff to take photographs and video footage of my child/ children while he/she is participating in any recreational programs being run by Orchard Park Recreation. I understand these photographs and video footage will be used for marketing purposes, Orchard Park Recreation Department Bulletins, Orchard Park Recreation Brochures, Posted on the Orchard Park Recreation Department website, seen on TV's in local business's, You Tube and other social networking sites.

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_.