

Child's Information:

Child's Name: _____ Male: _____ Female: _____

Date of Birth: _____ Age: _____ Grade Currently In: _____

Address: _____ City/State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Child: _____ Cell Phone: _____

Place of Work: _____ Work Number: _____

Parent/Guardian Name: _____

Relationship to Child: _____ Cell Phone: _____

Place of Work: _____ Work Number: _____

X Parent/Guardian Signature

X Date

Vacation
Rec

Child's Name: _____

Emergency Contact Information:

Emergency Contact Name: _____
(Person OTHER than Parent/Guardian)

Relationship to Child: _____ Cell Phone: _____

Home Phone: _____ Work Number: _____

I give my permission for my child to be picked up by this emergency contact

Emergency Contact Name: _____
(Person OTHER than Parent/Guardian)

Relationship to Child: _____ Cell Phone: _____

Home Phone: _____ Work Number: _____

I give my permission for my child to be picked up by this emergency contact

Additional Authorized Pick-Ups:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

X Parent/Guardian Signature X Date

Vacation Rec

Child's Name: _____

Medical Information:

Insurance:

Child's Name: _____ Age: _____

Date of Birth: _____ Is child covered by insurance? Yes No

Insurance Company: _____ Policy/Group Number: _____

Primary Doctor: _____ Doctor's Phone Number: _____

Allergies:

My Child DOES DOES NOT have ALLERGIES.

Child is Allergic to (please include all foods, medications, insects and reaction/treatment to each):

Will your child bring an EPI-Pen to Vacation Rec? Yes No

a. If so, do you give permission to Walpole Recreation staff to administer the EPI-Pen if needed to your child? Yes No

b. If so, do you give approval for your child to self-administer the EPI-Pen? Yes No

Will your child bring an inhaler to Vacation Rec? Yes No

a. If so, do you give approval for your child to carry and self-administer the inhaler? Yes No

Does your child require insulin injections? Yes No

3. Note: No person known to be suffering from tuberculosis in a communicable form, or having evidence of symptoms thereof, shall be allowed to attend Walpole Recreation Programs.

X Parent/Guardian Signature

X Date

Vacation Rec

Child's Name: _____

Health History:

Has your child had a history or are they prone to any of the following?

(Please know that we value your privacy. Health History information is only made available to Walpole Recreation Health Staff.

The more information you provide, the better we can care for your child. Thanks!):

- | | | | | | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|------------------------------|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent illness, or infectious disease | <input type="checkbox"/> | <input type="checkbox"/> | Hypertension |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic or recurring illness | <input type="checkbox"/> | <input type="checkbox"/> | Bleeding/Clotting disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Homesickness | <input type="checkbox"/> | <input type="checkbox"/> | Chicken Pox |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent ear infections | <input type="checkbox"/> | <input type="checkbox"/> | Measles |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizure disorder or convulsions | <input type="checkbox"/> | <input type="checkbox"/> | German Measles |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness during or after exercise | <input type="checkbox"/> | <input type="checkbox"/> | Mumps |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest pain during or after exercise | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart defect/disease | <input type="checkbox"/> | <input type="checkbox"/> | Eating disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Joint Problems (knees, ankles) | <input type="checkbox"/> | <input type="checkbox"/> | Frequent stomach aches |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent headaches | <input type="checkbox"/> | <input type="checkbox"/> | Wears glasses/contacts |
| <input type="checkbox"/> | <input type="checkbox"/> | Head Injury | <input type="checkbox"/> | <input type="checkbox"/> | Wears a Medic Alert Bracelet |

Please provide any additional information we may need to know in relation to the checked items above:

Date of last physical exam (Recommended within 24 months of the program): _____

Current prescribed medications:

Medication: _____ Prescribing Physician: _____

Medication: _____ Prescribing Physician: _____

Medication: _____ Prescribing Physician: _____

REQUIRED:

PLEASE ATTACH CURRENT IMMUNIZATION RECORD WITH THIS PACKET

X Parent/Guardian Signature

X Date

Consent & Releases

FIRST AID: I give the Walpole Recreation Department and Vacation Rec permission to administer basic first aid and/or CPR to my child and/or take my child to the hospital or call 911 to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health. If parent/guardian cannot be reached, I give the Walpole Recreation Department permission to contact the emergency contacts above.

Initial

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PHOTOS: I give the Walpole Recreation Department permission to photograph my child for public relations and/or marketing purposes.

Initial

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WAIVER OF LIABILITY, WARNING & ACKNOWLEDGMENT OF RISK:

Pursuant to 105 CMR 435.000, Vacation Rec is not, nor does it promote or advertise itself as, a licensed "camp" Swimming is a sport which challenges and engages the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury, and cervical spine injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon balling into shallow water and striking the bottom or side of the pool and or natural pond bottom, poor supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slipping or falling on the docks, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the the Town of Walpole, Walpole Recreation, Vacation Rec, and Staff to guarantee absolute safety during any swimming or water activities.

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I _____, as a parent or legal guardian of _____, hereby grant the permission necessary to allow him/her to participate in Vacation Rec, a Vacation Day Program coordinated by the Walpole Recreation Department and the Town of Walpole. I, on my own behalf and on behalf of my son/daughter, further agree to release and to hold harmless Vacation Rec, the Walpole Recreation Department, the Town of Walpole, representatives, employees, contractors, and all other affiliates of Vacation Rec, the Walpole Recreation Department, and the Town of Walpole from any and all liability from any claim, judgement, costs (including, without limitations, attorney's fees and costs) arising out of or connected with any situation at Vacation Rec, including illness or injury (minimal, serious, catastrophic and/or death) my child may incur or sustain during their time at Vacation Rec and during all activities they partake in.

X Parent/Guardian Signature

X Date