

Marlborough Parks & Recreation Summer Day Camp Contact & Medical Form

Child's Name _____ Date of Birth ____/____/____

Age _____ Gender – Male or Female Grade Entering in the fall _____

2nd Child's Name _____ Date of Birth ____/____/____

Age _____ Gender – Male or Female Grade Entering in the fall _____

Street Address _____ Town _____

Zip Code _____ Home Phone _____ Cell Phone _____

Parent/Guardian Email – Address (please print clearly) _____

Parent/Guardian Contact Information:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Emergency Contact Information:

Name _____ Relationship _____

1st Phone Number _____ Alternate Phone Number _____

Name _____ Relationship _____

1st Phone Number _____ Alternate Phone Number _____

Physician to be called in an emergency:

Name _____ Phone # _____

Address _____ Town _____ Zip _____

Insurance Information in case of an emergency

Insurance Company _____ Insurance ID # _____

Name of Primary Cardholder _____

WAIVER AND PHOTO RELEASE

I hereby agree to hold harmless the Town of Marlborough and its agents for any accidental injury caused by participation in any Town sponsored activities. In signing this form, it is understood the Marlborough Parks and Recreation Commission, the Parks and Recreation Department, and the Town of Marlborough DO NOT assume responsibility for accidents and the participant(s) agree(s) to abide by all rules and regulations set by the Marlborough Parks and Recreation Commission and the rules of the program in which they participate. Photos taken during programs may be used for promotional purposes. Please notify Parks and Recreation if you do not want picture published.

Parent/Guardian Signature

Relationship

Date

Please return both forms to; Marlborough Park & Rec, PO Box 29, Marlborough, CT 06447 OR scan & email it to; Parkandrec@marlboroughct.net

WE MUST HAVE BOTH FORMS ON FILE BEFORE YOUR CHILD STARTS THEIR FIRST DAY OF CAMP

Marlborough Parks & Recreation Summer Day Camp Contact & Medical Form – Page 2

PLEASE COMPLETE THIS MEDICAL FORM OR SUBMIT ONE COMPLETED BY YOUR PHYSICIAN

Child's Name _____ Grade _____ DOB _____

Child's Health Information: **All information will be confidential.** You MUST make us aware of your child's health information to best serve them and for the best interest of the overall camp experience. Undisclosed health issues could create a safety hazard to your child, other campers, or staff.

_____ Allergy/Anaphylaxis	_____ Has Epi-Pen	_____ Diabetes	_____ Will/May need medication during the
_____ ADD/ADHD		_____ Physical Limitation/Mobility Issue	program (prescription or over the counter –list)
_____ Asthma	_____ Uses Inhaler	_____ Vision, Hearing, or Speech Issue	_____
_____ Autism / Asperger's (please circle)	_____ Seizures	_____ Requires Medication	_____
_____ Behavioral Issues	_____ Requires para assistance during school		

If any item was checked please provide additional information that may be important to know: _____

For us to best serve your child, please list any medical issues not mentioned:

2nd Child's Name _____ Grade _____ DOB _____

Child's Health Information: **All information will be confidential.** You MUST make us aware of your child's health information to best serve them and for the best interest of the overall camp experience. Undisclosed health issues could create a safety hazard to your child, other campers, or staff.

_____ Allergy/Anaphylaxis	_____ Has Epi-Pen	_____ Diabetes	_____ Will/May need medication during the
_____ ADD/ADHD		_____ Physical Limitation/Mobility Issue	program (prescription or over the counter –list)
_____ Asthma	_____ Uses Inhaler	_____ Vision, Hearing, or Speech Issue	_____
_____ Autism / Asperger's (please circle)	_____ Seizures	_____ Requires Medication	_____
_____ Behavioral Issues	_____ Requires para assistance during school		

If any item was checked please provide additional information that may be important to know: _____

For us to best serve your child, please list any medical issues not mentioned:

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