

HAMILTON - WENHAM RECREATION DEPARTMENT

EMERGENCY INFORMATION & HEALTH FORM

Please Check One Patton Park Staff Other Program(s)

Name of program. _____

Program Participant Information

Last Name _____

First Name _____

Date of Birth _____

Male

Female

Child's Age _____

Primary Guardian's Information

Secondary Guardian's Information

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Home Phone # _____

Home Phone # _____

Cell Phone # _____

Cell Phone # _____

Work Phone # _____

Work Phone # _____

email _____

email _____

Emergency Contact Information

Name of Contact _____

Relationship _____

Phone # _____

Health Care Information

Physician's Name _____

Phone # _____

Insurance Carrier _____

Policy # _____

Does the participant
have any allergies?

Does the participant
have any special
needs or concerns
that the staff need to
be aware of?

Does the participant have any behavioral or social issues that are addressed at school or that we should be aware of?

Does the participant have any problems requiring special attention?

PATTON PARK PROGRAM ONLY

PICK UP POLICY

For all Patton Park Programs we require participants to have a written note if they will be picked up by someone other than a guardian. We do not accept telephone requests for pick up changes. Your child should be able to visually recognize any individual that is picking them up. We will request ID from any person that is not a guardian.

PICK UP PROCEEDURE - Part 1

Please list who is allowed to pick up your child from our programs. Please include their full name.

(If there is a question we will ask for ID from the person picking up your child.)

PICK UP PROCEEDURE - Part 2

Please list who is **NOT ALLOWED TO PICK UP** your child from your programs. Please include their full name.

SUN SCREEN POLI CY

To promote sun safety at our programs our counselors will assist any child that needs help applying sunscreen throughout the day. Please sign below giving the Recreation Department Staff permission to assist your son/daughter to apply sunscreen.

Signature of Guardian _____

Date _____

PLEASE ATTACH THE FOLLOWING FORMS

1. An updated copy of the participants immunizations with a physicians signature and proof of a physical .
2. If the participant requires medication please fill out our "Authorization to Administer Medication" form and attach

Signature of Guardian _____

Date _____