



## PLAISTOW SUMMER RECREATION MEDICAL FORM

Camper's Name \_\_\_\_\_

Health Insurance \_\_\_\_\_ I.D.# \_\_\_\_\_ Epi-Pen: YES (circle if applies)

Allergies \_\_\_\_\_

Special Needs or medical condition \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

PLEASE ATTACH SEPARATE SHEET IF NEEDED. ALL HEALTH INFO IS CONFIDENTIAL AND PROTECTED BY HIPAA. PLEASE LET US KNOW IF YOUR CHILD USUALLY TAKES A DAILY MEDICATION DURING THE REGULAR SCHOOL YEAR AND IF YOU HAVE CHOSEN TO DISCONTINUE IT FOR THE SUMMER. THIS INFO CAN OFTEN HELP US ADDRESS YOUR CHILD'S NEEDS. PLEASE ATTACH ANY ADDITIONAL INFORMATION NEEDED REGARDING YOUR CHILD'S HEALTH.

**INHALER RELEASE/PERMISSION** My child \_\_\_\_\_ uses an inhaler and is carrying an inhaler while attending the Plaistow Recreation Program. My child is capable of administering this inhaler to him or herself without assistance. My child has my permission to use the inhaler AFTER the program director or assistant has been notified and staff member is present to observe my child administering the inhaler to him or herself. My child is responsible for this inhaler while participating in the recreation program and its related activities including field trips. I will label my child's inhaler with his/her name. Your child's use will be documented and reported to parent/guardian at the end of the activity period.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE:

Please list two additional people who will assume temporary care of your child if you cannot be reached: Emergency contacts must be available to pick-up within 30 minutes for health or behavior issues. Please be sure you have notified your contact so that they know they are responsible if you are unable to be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Town \_\_\_\_\_ Telephone \_\_\_\_\_ CELL \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Town: \_\_\_\_\_ Telephone \_\_\_\_\_ CELL \_\_\_\_\_

**PLEASE READ AND SIGN THE WAIVER BELOW**

Participation in this sport/activity/field trip or event may involve risk of injury. As a parent/guardian, I am aware of these hazards and the ability of my child to participate. In consideration for participation in the program(s) listed here, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Plaistow, its officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injuries, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give permission for the staff of Plaistow Recreation Program to provide simple first aid treatment to my child when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named below cannot be reached.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE SIGN WHERE INDICATED TO COMPLETE REGISTRATION FORM**

I understand and signify by my signature below, that I have read and understand all information put forth by Plaistow Recreation regarding this program. Further, I understand that this program is neither a daycare or a camp and that no medical personnel are on site nor does staff administer prescription medications. I also understand that my child may be dismissed from the program for episodes of misbehavior. I understand that either I or my designated emergency person must be available to pick-up my child in the event of illness or misbehavior within 30 minutes of being notified. The program does not have physical accommodations for children who are ill or who must be kept separated from the program for behavior issues. I understand that I am responsible for providing an aide for my child if my child requires assistance by an aide during the school day for either physical, mental or behavioral assistance and that such assistance is not the financial responsibility of this program. Please initial and sign all to complete registration form.

**I UNDERSTAND AND ACKNOWLEDGE BY MY INITIALING THE FOLLOWING:**

**ALL Weekly Rates; Late Fees; Payment Deadlines; Returned Check Fees; Manner of Payment; Refund Policies. INITIAL \_\_\_\_\_**

**All Behavior procedures & policies as listed in the Parent Guide regarding this program, including no refund for dismissal from program for behavior issues and that I have instructed my child in regard to behavior procedures noted in Parent Guide. INITIAL \_\_\_\_\_**

**No Registration is considered complete, nor spot reserved until all fees and permission forms have been received by the Recreation Office. INITIAL \_\_\_\_\_**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_