

**Please Print:**

Student's Name: \_\_\_\_\_

Street \_\_\_\_\_ Town/Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Physician: \_\_\_\_\_

Physician's Phone/address: \_\_\_\_\_

Health Care Provider &amp; Plan #: \_\_\_\_\_

Emergency Contact Person, if we cannot reach parent or guardian:

1. Name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name and Address \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**NOTE:** Contact person **must be someone other than the parents** who can be reached in an emergency and can take care of the child if he/she becomes ill during the day.**My child will be picked up by:** \_\_\_\_\_**Has child had any of the following: Please check those that apply:**

Bleeding/Clotting Disorders \_\_\_\_\_ Ear Infection \_\_\_\_\_ Heart Disease \_\_\_\_\_ Convulsions \_\_\_\_\_

Frequent Headache \_\_\_\_\_ Hypertension \_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_

Kidney Disease \_\_\_\_\_ Head Injury \_\_\_\_\_ Poison Ivy \_\_\_\_\_ TB \_\_\_\_\_

Surgery (What/When) \_\_\_\_\_

Any Fears \_\_\_\_\_

Asthma \_\_\_\_\_ Bee Sting \_\_\_\_\_ Reaction \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_

Activity Restrictions (if yes, please explain) \_\_\_\_\_

List any health related problems or concerns your child may have that the staff should be made aware of: \_\_\_\_\_

**NOTE: The staff is not authorized to dispense any medication to any child.*****Parental/Guardian Authorization:***

To the best of my knowledge, information recorded above is correct and complete. I give my permission for my child to participate in all activities, except as specifically noted herein. In the event that I cannot be reached in an emergency, I hereby give permission to the Nashoba Valley Medical Center or Emerson Hospital to administer emergency treatment.

Signature of Parent/Guardian \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

**Please complete BOTH SIDES of this form**

Permission - Walking Trips/Photo Release/Swimming

My child (*named above*)      **HAS PERMISSION**\_\_\_\_\_      **DOES NOT HAVE PERMISSION**\_\_\_\_\_ to swim at Bare Hill Pond during afternoon free swim while attending Summer Adventure. All students would be tested by the Beach Staff for swim level/ability. Some students will be required to wear a life jacket during free swim (*determined by Beach Staff*).

**WALKING RELEASE:** I am willing \_\_\_\_\_ I am not willing \_\_\_\_\_ to let my child walk to the Bromfield playfields and gymnasium as well as nearby locations such as the Common, Nature Trail, Bare Hill Pond and Carlson Orchards. Staff will supervise children on all walking trips.

**PHOTOGRAPHIC RELEASE:** I do \_\_\_\_\_ I do not \_\_\_\_\_ consent and authorize the Summer Adventure program to use and reproduce photographs taken of my child for publicity purposes.

**I have read the above statements and give my permission as indicated.**

**Parent/Guardian Signature**\_\_\_\_\_ **Date**\_\_\_\_\_