

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 & Plan #: _____

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

1. Name and Address: _____

Phone: _____ Relationship: _____

2. Name and Address _____

Phone: _____ Relationship: _____

NOTE: Emergency 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 - Field Trip/Walking Trips/Photo Release/Swimming

I give my permission for my child _____
Please print full name

to attend any field trips that may be scheduled during the time they are registered with Summer Adventure. Field trips will have no effect on pick up times.

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 _____