

MEDICAL HISTORY FORM

MUST BE COMPLETED IN ADDITION TO REGISTRATION FORM

DATE ____ / ____ / ____ .

NAME _____
 D.O.B. ____ / ____ / ____ AGE ____ SEX ____ ..

PARENT OR GUARDIAN _____
 PHONE _____ CELL _____

EMERGENCY CONTACT _____
 PHONE _____

OPERATIONS OR SERIOUS INJURIES (INCLUDE DATES)

CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION _____

DIABETES? () YES () NO

DIETARY RESTRICTIONS _____ ACTIVITY RESTRICTIONS _____ ..

ALLERGIES (FOOD, INSECTS, PLANT, DRUGS) _____
 (PLEASE BE VERY SPECIFIC REGARDING SEVERITY OF ALLERGY)

CURRENT MEDICATIONS _____ REASON FOR MEDICATION _____ ..

NAME OF FAMILY PHYSICIAN _____
 PHONE _____ ..

INSURANCE CARRIER _____ POLICY NUMBER _____

HEALTH HISTORY (CHECK AND GIVE APPROXIMATE DATES)

FREQUENT EAR INFECTIONS	HEART DEFECT/DISEASE
CONVULSIONS	DIABETES
BLEEDING/CLOTTING DISORDER	HYPERTENSION
MONONUCLEOSIS	CHICKEN POX
MEASLES	GERMAN MEASLES
MUMPS	Other _____

THIS BOX MUST BE SIGNED ON A YEARLY BASIS

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the Recreation Director to act in the best interest of my child in case of an emergency. Every effort will be made to contact a responsible adult. The completed forms may be photocopied for trips out of the facility.

Signature _____
 SIGNATURE OF PARENT OR GUARDIAN RELATIONSHIP TO CHILD _____
 DATE _____

SOMERSET RECREATION All Day Summer Program 2016



The Somerset Playground and Recreation Commission is proud to announce its All Day Summer Program for 2016 will return to the Wilbur School. This summer we will have an Olympic Theme for the eight week program. We hope you are ready for this exciting 8 week program. The All Day Summer Program is for children entering grades 1-6 for the upcoming school year. They will enjoy a variety of sports, games, arts & crafts, weekly performers and a trip each week. Each weekly session includes a special theme with a special emphasis of entertainment and activities. All registration fees include admission to all trips and special activities.



NEW THIS YEAR! ANYONE REGISTERING FOR THE ENTIRE SUMMER AND PAYS IN FULL RECEIVES ONE FREE WEEK!

Registration: Begins May 2nd
 Recreation Office, Town Office Building, 140 Wood St.
 Monday—Friday 9-4 PM

Hours of Program: Monday -Friday 8:00 AM - 4:00PM
Extended Hours: Monday - Friday 4:00 - 5:00 PM

Fee Information:

	Somerset Residents	Non-Residents
1st Child	\$125 per week	\$150 per week
2nd Child	\$100 per week	\$125 per week
3rd or more	\$85 per week	\$110 per week

Extended Day Program:
 \$15.00 week additional fee for 1st child \$25 for family

Late Fees:
 \$10.00 per child per half hour after first offense reminder

Payment for each session must be made in full 2 weeks prior to the start of the first day of each session. You may purchase one or more weeks at a time, with no minimum requirement. Children will bring a snack, water bottle and bagged lunch daily.

Somerset Recreation 140 Wood St., Somerset, MA 508 646-2808
Barry Fontaine - Recreation Director **Www.townofsomerset.org**



