

SOMERSET RECREATION ALL DAY SUMMER PROGRAM 2020

_____ **Somerset Resident**

_____ **Non Somerset Resident**

Last _____ **Middle** _____ **First** _____ Gender: Male __ Female__

School Name _____ Grade _____ Birth date ___/___/_____ **Age** (as of June 30, 2020) _____

Home Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Child Lives with _____

Person Responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

Last _____ First _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Parent/Guardian #2

Last _____ First _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Alternate Pickup/Release

Please list all names of those permitted to pick up this child:

1: _____ 2: _____ 3: _____

Medical Release Information Insurance Information

Policy Number _____ Name of Health Insurance _____

Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
 Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?
 Yes__ No__ If yes, explain: _____

Does your child require a special diet?
 Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Somerset Recreation Department will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during activities for the **All Day Summer Program**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Somerset Recreation** activities by modes of transportation agreed to by the program organizers.

Parent's/Guardian's Initials _____

NO CONTACT ORDER

The Somerset Recreation Department requires you to inform us **in writing** as to any individual(s) that are not to have contact or allowed to pick up your child from the All Day Summer Program.

Parent/Guardian Signature: _____ Date _____

Printed Name of Parent/Guardian _____ The

Somerset Recreation Staff is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.