

REGISTRATION FORM/HEALTH INFORMATION SUMMER RECREATION

PLEASE PRINT ALL INFORMATION - THANK YOU!

Child's Name _____
Address _____

Present Grade _____
(2008-2009 school year)

Health History

- Include items important to program management (chronic conditions, seizure activity, respiratory conditions, physical limitations, vision or hearing deficiencies, medication taken regularly, contact lenses, etc.)

Allergies: List _____
Usual Signs/Symptoms _____
Suggested Management _____

Family Physician: _____ Phone # _____
Family Dentist : _____ Phone # _____

Clinton Town Recreation Program provides basic first aid.

Illness/Injury requiring additional care may result in the following:

1. Parent/Guardian contact to provide further care.
2. Release of child to alternate contact listed by parent/guardian.
3. Physician/Dentist contact for instruction for immediate care.
4. First Aid Squad transport to Hunterdon Medical Center for emergency care.

No medication, including aspirin, will be supplied or administered by the Town of Clinton Summer Recreation Program.

Parent/Guardian (please print) _____ **Date** _____

Contact number *during* Summer Rec. hours: (please write the area code if it is a cell phone number)

(m) _____ **(f)** _____

Additional Parent Phone #'s: _____

Alternate Contact: _____ **Phone** _____