

Hampden Township Recreation Department Registration / Emergency Treatment Form

As a parent, you know that accidents do happen most often when you least expect them. For this reason we are requesting that this form be completed for each child that is registered for the program. All staff will be certified by the American Heart Association in Standard First Aid/CPR. Additionally, all Lifeguards are certified in American Red Cross Life Guarding. The information included on this form is very important to our staff should an emergency arise. This form will be copied and sent along on all field trips that your child attends. This form will also be made available to emergency personnel and/or accompany your child to the physician or hospital should your child need immediate emergency care. In all cases we will make every effort to reach you if an emergency should arise. Treatment will not be given without your permission unless it is an emergency.

Child's Name _____

Age _____ Birth date _____ Grade Completed (As of June 2011) _____

Address _____

Father's Name (or Legal Guardian) _____

Address (If different from child) _____

Occupation and Employer's Address _____

Contact Numbers: Work _____ Home _____ Cell _____

Mother's Name (or Legal Guardian) _____

Address (If different from child) _____

Occupation and Employer's Address _____

Contact Numbers: Work _____ Home _____ Cell _____

Person to be contacted in emergency if parent cannot be reached:

Name _____ Relationship _____

Address _____ Telephone _____

List any special medical or dietary information _____

Please list any allergies _____

Please list any chronic problems _____

Does your child require any accommodation to participate in the Summer Camp Program? If yes, please explain in detail. _____

Immunization History _____

Date of last Tetanus shot _____

Hospitalization history (when, why) _____

Medications child is presently taking _____

Family doctor or pediatrician _____ Telephone Number _____

Please list preference for the following should services or advice be required:

Ophthalmologist _____ Telephone Number _____

Orthopedic Surgeon _____ Telephone Number _____

General Surgeon _____ Telephone Number _____

Hospital _____ Telephone Number _____

Other _____ Telephone Number _____

I (We) verify that the information provided on this form is complete and accurate. I (We) also give my (our) consent for my (our) child to receive emergency medical care and/or be transported by Hampden Township Recreation staff or EMS personnel in an emergency.

Signature of Parent/Guardian - Date

Signature of Parent/Guardian - Date