Redding Park and Recreation Camp Medical Form

No camper will be permitted to stay at camp without this form
Please submit at least one week prior camp start date

Camper’s Name ________________________________________________________________

List Camps signed up for ________________________________________________________

Mother name/Cell# _________________________   Father name/cell _______________________

Emergency numbers or people authorized to pick up your child.

Name________________________________________________________#__________________

Name________________________________________________________#__________________

Name________________________________________________________#__________________

This information is confidential to camp directors and first aider unless it is needed for medical reasons.

1. Is there any special information that you would like to share that would enable us to serve your child better?
   No □   Yes* □
   *The appropriate person from the department will call you or you may attach a note to this form.

2. Is the camper allergic to ANYTHING?

3. Is the camper under medical care for any illness or condition?

4. Should the camper’s activities be restricted in any way?

5. What medications is he/she taking NOW?

6. Please include any medications he/she has taken regularly or may be coming off of:

7. Has your child been vaccinated for the Measles? ______

8. Name of child’s doctor ___________________________   Phone # __________________________

I have read the section entitled “Important Info- a Must Read” in the camp section of the brochure and fully understand the information it contained including the refund policies. Signing below is my permission for my child to participate in all camp programs offered including transportation on a school bus. I also give my permission for the camp Director or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency. I release and hold the town harmless from any injuries incurred in town recreational activities.

Parent’s Signature _____________________________________________________________

*Any camper who has medication administered during camp hours must have our camp’s “Administration of Medicine and Medical Treatment Form” filled out by a doctor before attending camp.

Forms are available at the Park and Recreation Office and on our website www.townofreddingct.org. The form MUST be received by the Wednesday before camp begins. We will not give out medication without a completed form on file and medicines in their original container.