

**REGISTRATION FORM/HEALTH INFORMATION SUMMER RECREATION
PLEASE PRINT ALL INFORMATION AND COMPLETE A SEPARATE FORM
FOR EACH CHILD - THANK YOU!**

Child's Name _____ Present Grade _____
Address _____ (2010-2011 school year)
Elementary school attended this past 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)

Mother's Name and Cell # Father's Name and Cell #

Additional Parent Contact #'s: _____

Alternate Contact: _____ **Phone** _____