

# Child Information Form – Summer 2019

## Parent/Guardian Info

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best Number to Reach Parent: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best Number to Reach Parent: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Child 1**  
**Attending (Check):** *Destination Exploration Kids Club Leadership Ready, Set, Go! Summer Beach Party @EBC*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_

Does your child carry an EpiPen®? Yes \_\_\_\_\_ No \_\_\_\_\_

\*PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the program site\*

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G \_\_\_\_\_ PG \_\_\_\_\_ PG13 \_\_\_\_\_

PLEASE ATTACH  
A RECENT  
PHOTOGRAPH  
OF  
YOUR CHILD

**Child 2**  
**Attending (Check):** *Destination Exploration Kids Club Leadership Ready, Set, Go! Summer Beach Party @EBC*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_

Does your child carry an EpiPen®? Yes \_\_\_\_\_ No \_\_\_\_\_

\*PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the program site\*

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G \_\_\_\_\_ PG \_\_\_\_\_ PG13 \_\_\_\_\_

PLEASE ATTACH  
A RECENT  
PHOTOGRAPH  
OF  
YOUR CHILD

**Child 3**  
**Attending (Check):** *Destination Exploration Kids Club Leadership Ready, Set, Go! Summer Beach Party @EBC*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_

Does your child carry an EpiPen®? Yes \_\_\_\_\_ No \_\_\_\_\_

\*PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the program site\*

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G \_\_\_\_\_ PG \_\_\_\_\_ PG13 \_\_\_\_\_

PLEASE ATTACH  
A RECENT  
PHOTOGRAPH  
OF  
YOUR CHILD

**Publicity/Photo Release**

I understand that my child(ren) may be photographed or videotaped by Recreation or newspaper/television staff, should they feature our program. I understand that my child(ren)'s image may appear on Westford Recreation's website and/or publications. I further understand that only the first name of my child(ren) will be used in any images released.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child(ren) photographed or videotaped.

**Application Permission**

Please indicate any or all items that we may apply to your child(ren):

Calamine Lotion \_\_\_\_\_ Antiseptic Towelette \_\_\_\_\_ Hydrogen Peroxide \_\_\_\_\_ Sunscreen \_\_\_\_\_ Bacitracin Ointment \_\_\_\_\_  
Insect Repellent with DEET \_\_\_\_\_ Other: \_\_\_\_\_

**Additional Pick-up Consent**

In the event that I cannot pick up my child(ren) for any reason, I authorize Westford Recreation to release my child(ren) to the following individuals.

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_

Your child(ren) will not be released to anyone other than the people listed above under any circumstances  
**The Director and Counselors WILL ask for photo identification.**

**Emergency Contacts:** *If parent/guardian cannot be reached.*

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_ Health Insurance Carrier & Policy #: \_\_\_\_\_

CONSENT: I authorize Westford Recreation staff to give my child(ren) first aid when appropriate. If my child(ren) require(s) further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, one of the emergency contacts will be notified. If my child(ren) need(s) to be taken to the nearest medical care facility or to my preferred hospital listed above by ambulance, one qualified staff person will accompany my child(ren) to the hospital. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child(ren) as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Handbook Acknowledgment**

We, the parent(s)/guardian(s) have received the *Summer Parent Handbook* and understand that we are responsible to read and agree to abide by the policies and procedures of Westford Parks & Recreation Department.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit *Child Information Form* along with *Registration Form* to:**

Westford Parks and Recreation, 65 Main Street, Westford, MA 01886