WEST HARTFORD LEISURE SERVICES

HEALTH AND INFORMATION FORM

PLEASE COMPLETE AND RETURN BY

_____

TO COMPLETE THE ENROLLMENT PROCESS FOR YOUR CHILD,
YOU MUST COMPLETE, SIGN AND RETURN THIS FORM BEFORE THE CLASS BEGINS
TO THE FACILITY OFFERING THE CAMP
Your child will not be allowed to attend without a completed form.

Program Name_____ Program #_____

Child's Name_____

Address_____

Mother's Name_____

Home Phone_____ Work_____ Cell _____

Father's Name_____

Home Phone_____ Work_____ Cell_____

Name last swim lesson completed_____

Does your child have any known allergies or have any known illnesses or physical limitations, etc. Please list and describe_

_____

_____

List Medications_____

Has child been prescribed an epi-pen? Yes_____ No_____

Family Doctor's Name _____

Doctor's Address:_____

Doctor's Phone_____

Emergency Contact (Person to call if unable to contact parent):

Name_____ **Relationship**_____

Home Phone_____ Work_____ Cell _____

Address_____

Please read each statement below and if you understand and agree to each statement *WRITE YOUR INITIALS* in the space next to the paragraph to signify your understanding and agreement.

_____ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is:

Hospital Name and Address_____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_____ In the event that my child needs to be transported by an ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

_____ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in this West Hartford Leisure Services Program.

_____ **FIELD TRIPS**: I hereby give my permission for my child to go on the field trips scheduled for his/her particular camp program. The exact schedule will be provided to me at the beginning of the camp session. If I do not wish my child to attend the field trip, I understand that I will need to make other arrangements for my child on that day.

Signature of Parent or Guardian:_____ Date_____

(Please be sure to initial ALL the sections above)

RETURN TO: THE FACILITY OFFERING THE CAMP

(refer to registration information on web-site for addresses).