

**RAYNHAM PARK AND RECREATION DEPARTMENT
CHILD EMERGENCY INFORMATION SHEET**

Circle the following Summer Playground Program Session that applies:

PROGRAM: Half Day Session 1 Session 2
 Full Day Session 1 Session 2

Child's Name: _____

Address: _____ Phone: _____

Eye Color: _____ Hair Color: _____ Age: _____ D.O.B.: _____

Grade as of September 2008: _____

Identifying Marks: _____

Allergies/Special Needs: _____

Parent/Guardian Names: _____ / _____

Address: _____

Home Phone: _____ / _____

Work Phone: _____ / _____

Cell Phone: _____ / _____

Child's Physician: _____ Phone: _____

Special Health Conditions/Limitations: _____

(Please turn over, additional information on back)

EMERGENCY CONTACTS: I give the Raynham Park and Recreation Department permission to release my child to the following individuals: *(If your child is not to be released to anyone please write "No One")*

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

FIRST AID / MEDICAL CONSENT:

I understand the staff at Raynham Park & Recreation are trained in the basics of first aid and authorize them to give my child first aid when appropriate. Further, I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility to secure necessary medical treatment for my child.

Parent/Guardian Signature

Date

**Raynham Park and Recreation Department
Permission Form**

I the parent /guardian of the registrant, agree that the registrant will abide by the rules of the Raynham Park and Recreation Department, and its staff. I hereby release and agree to hold harmless the Town of Raynham, its officers, employees, contract employees and agents from any claims, causes of action or liability arising from or relating in any way to any injuries that my child might sustain from my child's participation in the summer program. In addition, I authorize my child to be transported to and from field trips on a school bus.

Parent/Guardian Signature

Date