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	ed to pick up your child.
Name	#
Name	#
Name	#
This information is confidential to camp	o directors and first aider unless it is needed for medical reasons.
No \square Yes* \square	ou would like to share that would enable us to serve your child better? nent will call you or you may attach a note to this form.
2. Is the camper allergic to ANYTHING	3?
3. Is the camper under medical care for	any illness or condition?
4. Should the camper's activities be rest	cricted in any way?
5. What medications is he/she taking NO	OW?
6. Please include any medications he/sho	e has taken regularly or may be coming off of:
7. Has your child been vaccinated for th	e Measles?
8. Name of child's doctor	Phone #
contained including the refund policies. Signing below transportation on a school bus. I also give my permissi	ust Read" in the camp section of the brochure and fully understand the information it w is my permission for my child to participate in all camp programs offered including sion for the camp Director or their designate to treat my child in the event that the parent ease and hold the town harmless from any injuries incurred in town recreational
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 <u>www.townofreddingct.org</u>. 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.