



Concord Recreation Emergency Information

Concord Recreation
90 Stow Street
Concord, MA 01742
978-369-6460

Child's Information

Child's Name: _____ Date of Birth: _____ Grade Entering Fall 2015 _____
Home Address: _____ Home Phone: _____
Sex: _____ Hair Color: _____ Eye Color: _____ Skin Color: _____
Identifying Marks: _____
Special Accommodations/Allergies/Medications: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Relationship to Child: _____ Relationship to Child: _____
Home Address: _____ Home Address: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Medication Request/Permission

Please check the line that applies to your child.

_____ My child takes medication at home (please list type of medication and dosage below)
Medication _____ Dosage _____

_____ My child does not require medication

_____ My child will take medication during camp hours

(A separate form must be completed if taken during camp hours)

Transportation plan

My child will arrive at the program by: _____ My child will depart from the program by _____
_____ Unsupervised walk _____ Parent pick up
_____ Supervised walk (by whom: _____) _____ Unsupervised walk
_____ School bus drop off _____ Supervised walk (by whom: _____)
_____ Program bus/van _____ Program bus/van
_____ Parent drop off _____ Other (describe: _____)
_____ Other (describe: _____)

Emergency Contacts

1. Name: _____ Relationship to child: _____
Address: _____ Phone # _____
2. Name: _____ Relationship to child: _____
Address: _____ Phone # _____
3. Name: _____ Relationship to child: _____
Address: _____ Phone # _____

Emergency Waiver/Field Trip Permission/Photo Release/Sunscreen and Insect Repellant

I hereby give my permission for the above registrant to participate in recreation programs including field trips. I give my permission to the Recreation Department to use photographs of my child for publication purposes. I agree to give consent for sunscreen and/or insect repellent to be applied to my child by Concord Recreation staff. I agree to hold harmless the Town of Concord and/or its employees and volunteers from claims of liability related to any accident that may occur. I give my permission for medical treatment to be given to my child, also I authorize the program to transport my child to the nearest medical care facility in necessary.

Parent/Guardian Signature: _____ Date: _____