

**Hebron Parks and Recreation
Summer Adventure Camp 2019 Emergency Form**

Camper Registration Information – Camper’s Name:

Emergency Contact – Person other than Parent/ Guardian

Name: _____ **Relation:** _____ **Phone Number:** _____

Address: _____

People authorized to pick your child up from Summer Adventure Camp other than yourself.

| Last Name | First Name | Relationship | Phone # () |
|-----------|------------|--------------|-------------------|
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Medical Information

It is important for the Recreation Staff to be fully aware of any allergies, chronic or recurring illnesses, or physical limitations of your child as well as any medications your child is taking. For instance, it is important that we know whether your child has ever been stung, and if there was a reaction to the bee/wasp sting. Does your child require an inhaler for asthma?

| | |
|--------------------------|-------------------|
| Camper’s Physician Name: | Phone # () |
| Camper’s Dentist Name: | Phone # () |

Please list and briefly explain the following:

Chronic or Serious Illness:

Allergies:

Current Medications:

Has your child ever been stung (if yes please explain if they had a reaction):
Is your child allergic to bees: Yes or No

Prior Injuries:

Notes: * anything else the Recreation Supervisor needs to know about your child?

Swim Ability:

**PLEASE ATTACH RECENT
PHOTO WALLET SIZE
OF CAMPER**

**ADA
American Disabilities Act**
Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Department upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.