

CLUB  
ASSABET  
2016

Northborough Recreation  
**CLUB ASSABET**  
**First Aid & Emergency Medical Care-**  
**Authorization & Consent Form**

**FOR OFFICE USE ONLY:**  
Allergy: \_\_\_\_\_  
Med/Dosage: \_\_\_\_\_  
TIME: \_\_\_\_\_  
Med Auth Rec'd? \_\_\_\_\_

Parents/Guardians: Please take the time to complete this document thoroughly. Your child will not be able to participate in our camps unless this document has been completed and returned to the Recreation Department. Please return this by 6/1/13.

This form can be faxed to 508-393-6996, care of the Recreation Department, or dropped off /mailed to our office at 63 Main Street, Northborough, MA 01532. Please contact our office at 393-5034 if you have any questions.

**PLEASE PRINT CLEARLY**

**I. Camper Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ **Is this your child's first camp/drop-off experience? (Please circle) Y N**

**II. Parent/Guardian Information**

Mother's/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_  
(IF DIFFERENT THAN CHILD'S ADDRESS)

Cell Phone # \_\_\_\_\_ BEST Phone # M-Th, 9am-12pm \_\_\_\_\_  
(IF DIFFERENT THAN CELL)

Father's/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_  
(IF DIFFERENT THAN CHILD'S ADDRESS)

Cell Phone # \_\_\_\_\_ BEST Phone # M-Th, 9am-12pm \_\_\_\_\_  
(IF DIFFERENT THAN CELL)

**III. Release to Someone Other than a Parent/Guardian**

You may authorize people to pick up your child by completing the information below.

Your child can be released to any of these people without a note. You do not have to list anyone.

**IV. Emergency Contact Information (Non-Parent/Guardian local contacts)**

We will ALWAYS attempt to reach parents/guardians FIRST in any emergency situation.

Please list in the order you wish them to be contacted.

**Emergency Contact #1:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_

**Emergency Contact #2:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_

**V. Medical Information**

Physician's Information: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Does your child have any allergies? (Please circle) Yes No**

\*If yes, Allergic to \_\_\_\_\_ Reaction \_\_\_\_\_

Treatment \_\_\_\_\_

**Dietary Restrictions or Needs** \_\_\_\_\_ **Chronic Health Conditions** \_\_\_\_\_

**Health Insurance Coverage** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Subscriber** \_\_\_\_\_

## VI. Medications

Please note: All medication should be given to the Program Director prior to the start of each day. Children are not allowed to keep medication in their bags for the safety of all children.

Please list any medications and dosage that your child is currently taking:

Will your child need medication administered during camp hours? (Please circle) Yes No

\*If YES, you will need to fill out an **"Authorization to Administer Medication to a Camper"** form. This form must be submitted to the Recreation office prior to camp start or to the Camp Director directly. Forms can be found in our office at 63 Main St. or you can download it online at [www.northboroughrecreation.com](http://www.northboroughrecreation.com). **All medications must be in their original container. If prescribed by a doctor, medication should have the prescription information label attached.**

**MEDICATION(S) TO BE TAKEN DAILY AT CAMP (M-Th):** \_\_\_\_\_

**DOSAGE:** \_\_\_\_\_ **TIME/S:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**MEDICATION(S) TO BE TAKEN "IN CASE OF EMERGENCY ONLY":** \_\_\_\_\_

**DOSAGE:** \_\_\_\_\_ **SPECIAL INSTRUCTIONS:** \_\_\_\_\_

## VII. Special Needs and/or Requirements for Campers

Please check all that apply:

Physical Disability \_\_\_ Hearing Impairment \_\_\_ Visual Impairment \_\_\_ ADHD/ADD \_\_\_ Aide/one-one assistance at school \_\_\_  
Autism \_\_\_ Cerebral Palsy \_\_\_ Diabetes \_\_\_ Seizure Disorder \_\_\_ Aspergers \_\_\_ Respiratory Problems \_\_\_ Down Syndrome \_\_\_  
Multiple Sclerosis \_\_\_ High Blood Pressure \_\_\_ Spina Bifida \_\_\_ Muscular Dystrophy \_\_\_ Other: \_\_\_\_\_

**Please provide details:** (i.e. Is the condition controlled with medication? Will your child have an aide with them at camp? ...etc...)

Is your child able to participate in all camp activities without restrictions? If no, please explain:

## VIII. BEHAVIOR and PEER RELATIONS

Please check all that apply:

Physically aggressive \_\_\_ Wanders/Runs away \_\_\_ Non-compliant \_\_\_ Temper tantrums \_\_\_ Self-injurious \_\_\_ Fears \_\_\_  
Verbally aggressive \_\_\_ Poor peer relations \_\_\_ Withdrawn \_\_\_ Hyperactive \_\_\_ Oriented to time \_\_\_ Oriented to place \_\_\_

**Please provide details:** (ie. What is the most effective way to deal with your child's behavioral challenges? What is the best way to communicate directions to your child? What are your child's fears? ...etc...)

Please list any other information you feel would help us provide the best experience at camp for your child:

X \_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Parent or Guardian Name**

\_\_\_\_\_  
**Date**

**Northborough Recreation-** 63 Main Street, Northborough, MA 01532- Phone: (508)393-5034/Fax: (508)393-6996  
Email: [recreation@town.northborough.ma.us](mailto:recreation@town.northborough.ma.us) Web: [www.northboroughrecreation.com](http://www.northboroughrecreation.com)