

**Northborough Recreation  
RECREATION SUMMER CAMP / CIT  
First Aid & Emergency Medical Care-  
Authorization & Consent Form**

**DUE BY:**  
**6/1/18**  
No forms can or will  
be accepted at camp.

**FOR CAMP DIRECTOR USE ONLY:**  
Allergies: \_\_\_\_\_  
Med to be taken: \_\_\_\_\_  
Dosage: \_\_\_\_\_ TIME: \_\_\_\_\_  
Med Auth. Rec'd? YES OR NO

<b>Nut-Free table?</b> YES or NO
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Parents/Guardians: Please take the time to complete this document thoroughly, it helps us give your child the best care possible. Your child will not be able to participate in our camps unless this document has been completed and returned to the Recreation Department along with a current immunization. Please return this by June 1st.

In addition to this form, the Board of Health also requires a **CURRENT IMMUNIZATION FORM\*** for each camp participant. If your child will need meds administered AT camp an **AUTHORIZATION TO ADMINISTER MEDICATION FORM**, found at rec office or online, is also required. ALL forms can be faxed c/o Recreation @ 508-393-6996, scanned/mailed to [syoussef@town.northborough.ma.us](mailto:syoussef@town.northborough.ma.us), or dropped off/mailed to our office @ 63 Main Street, Northborough, MA 01532.

\*Please allow sufficient time to retrieve this document from your child's pediatrician if you do not have a current copy available. All forms DUE BY JUNE 1<sup>st</sup>, NO EXCEPTIONS. If registering after June 1<sup>st</sup>, you will have 3 days to return both this form and the immunization. Children CANNOT attend camp without it.

**PLEASE PRINT CLEARLY**

**I. Camper Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ GRADE (Fall 18') \_\_\_\_\_ or Pre-K \_\_\_\_\_ or CIT \_\_\_\_\_

Home Phone # \_\_\_\_\_ Address \_\_\_\_\_

**II. Parent/Guardian Information**

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

Cell Phone # \_\_\_\_\_ BEST Phone # M-F, 8am-4pm (6pm extended day) \_\_\_\_\_  
(IF DIFFERENT THAN CELL)

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

Cell Phone # \_\_\_\_\_ BEST Phone # M-F, 8am-4pm (6pm extended day) \_\_\_\_\_  
(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 an aide at school?\*** (Please circle) Yes No If yes, aide is needed for \_\_\_\_\_

\*If your child requires an aide at camp, please contact Recreation Director, Allie Lane, by June 1<sup>st</sup> @ 508-393-5034

**Does your child have any allergies?** (Please circle) Yes or No **If nut allergy-** Is a "nut-free" lunch table required? (Please circle) Yes or 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 Camp Director on Monday morning at camp. For the safety of all campers, 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:

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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-F):** \_\_\_\_\_

**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 \_\_\_ Autism Spectrum Disorder (ASD) \_\_\_

Cerebral Palsy \_\_\_ Diabetes \_\_\_ Seizure Disorder \_\_\_ Aspergers \_\_\_ Respiratory Problems \_\_\_ Down Syndrome \_\_\_

Multiple Sclerosis \_\_\_ High Blood Pressure \_\_\_ Spina Bifida \_\_\_ Muscular Dystrophy \_\_\_ Other: \_\_\_\_\_

Please provide details for each condition checked:

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

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## 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 help/support your child with their behavioral challenges? What is the best way to communicate directions to your child? What are your child’s fears? etc...)

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

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

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

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