

NORTH HAVEN DEPARTMENT OF RECREATION

HEALTH/WAIVER FORM

PROGRAM NAME _____ SITE _____ WEEK/S _____
NAME OF CHILD _____ DATE OF BIRTH _____
NAME OF PARENT/GUARDIAN _____
ADDRESS _____ HOME PHONE _____ WORK PHONE _____
CELL PHONE _____ BEST EMAIL TO USE: _____
SCHOOL AND GRADE COMPLETED IN JUNE _____

In the event of emergency, list name, addresses, and phones of parent, guardian, or another responsible individual available during the program hours:

NAME _____ RELATIONSHIP TO CHILD _____
ADDRESS _____ PHONE _____
NAME _____ RELATIONSHIP TO CHILD _____
ADDRESS _____ PHONE _____
CHILD'S PHYSICIAN PHONE: _____ CHILD'S DENTIST PHONE: _____

HOSPITAL OF CHOICE: _____

I give permission to the staff of the Department of Community Services and Recreation to administer emergency first aid and in the event it becomes necessary to transport my child by ambulance to the hospital listed above. Please check below:

- Yes
- No

Please list any medical and/or physical condition, which may affect your child's activities or require us to modify activities appropriately.

MEDICAL CONDITIONS/PLEASE CHECK ALL THAT APPLY:

- SEIZURE
 Yes
 No
- ASTHMA
 Yes
 No
- DIABETES
 Yes
 No
- CARDIAC
 Yes
 No
- HEARING
 Yes
 No
- VISION
 Yes
 No
- ADHD/ADD
 Yes
 No
- ALLERGIES
 Yes
 No

OTHER/PLEASE EXPLAIN: _____

If yes to any of above please list here medication needed: _____

If medication needed at camp ie epipen or inhaler; you must provide a copy of the medication authorization form.

(*Please be sure to sign here and below) _____

**Signature of Parent or Guardian*

WAIVER, HOLD HARMLESS

The undersigned individual and/or as parent or legal guardian of the above named child do hereby agree to waive, release and hold harmless the Town of North Haven and its agents and employees from any and all causes of action including personal injury and property damage resulting from participation in the above named program.

Please place your initials next to the statements, which apply to your child.

SWIMMING

- _____ I give permission for my child to participate in swimming at the Walter J. Gawrych Community Pool.
Please indicate your child's swimming ability.
_____ Swimmer (child can swim a minimum of one pool length unassisted)
_____ Beginner (can swim without assistance, but may need it at times)
_____ Non-Swimmer (needs flotation device)
- _____ I do not give permission for my child to swim.

TRANSPORTATION (DOES NOT APPLY TO DAY CAMP)

_____ I hereby give my child permission to walk or ride his/her bicycle to and/or from the program site and understand that it is my child's responsibility to sign him/herself in and out of the program each day or portion thereof. The Department of Community Services and Recreation is not responsible for my child while he/she is on their way to/from the program site.

_____ I will transport my child to/from the program in my own vehicle.

My signature constitutes agreement with the information as indicated above.

Date

**Signature of Parent or Guardian*