Town of Pembroke Recreation Department
2010 Summer Recreation Program
Information Sheet

Name:_____Date of Birth:_____
Address:_____
Street City State ZIP
Phone Number:_____
Parent(s)/Guardian(s) Legally Responsible for Child:

Name:_____ Name:_____

Phone Number:_____ Phone Number:_____

Street:_____ Street:_____

City:_____ City:_____

While my child is in care, I can be reached: While my child is in care, I can be reached:

Location_____ Location_____

Telephone Number:_____ Telephone Number:_____

Special Instructions:_____ Special Instructions:_____

EMERGENCY CONTACT PERSON: You are required to list at least one person who can assume responsibility for your child(ren) if you cannot be reached immediately in an emergency.

_____
Name Relationship to Child Telephone Number

_____
Street City State ZIP

_____
Name Relationship to Child Telephone Number

_____
Street City State ZIP

Alternate Pick Up Person(s) (in addition to those listed above):

_____
Name Relationship to Child Telephone Number

_____
Name Relationship to Child Telephone Number

Those who are NOT authorized to pick up your child(ren):

_____ _____
Name and Relationship to child Name and Relationship to Child

DISPENSING MEDICATION:

Written authorization from parent(s)/guardians and a licensed medical practitioner is required before prescription or non-prescription drugs can be administered. For prescription medication, the prescription label will serve as the health practitioner's authorization.

Medications must be in their original container, labeled with the name of the medication, dosage, name of the child, and if a prescription, the prescription label. Authorized medication will be stored by the Program Director, and the container and/or remaining medication will be returned to the parent(s)/guardian(s) at the end of each day.

Parent(s)/Guardian(s) will be requested to sign all "OUCH" reports and/or accident reports whenever the Pembroke Recreation staff have administered first aid, or if any injury has occurred.

MEDICAL INFORMATION:

Please list any medical conditions (i.e asthma, food/insect allergies, diabetes, etc.) along with any special considerations/procedures that the Pembroke Recreation Staff should be aware of.

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