

General Authorization Form

PARTICIPANT INFORMATION

Participant's **FIRST** Name _____ **LAST** Name _____ Male / Female
Date of Birth ____ / ____ / ____ Current Age _____ Rising Grade: _____
Address _____ Town _____ Zip Code _____
Home Phone _____ Email Address _____
Guardian 1 Name: _____ Cell Phone _____ Work Phone _____
Guardian 2 Name: _____ Cell Phone _____ Work Phone _____
Emergency Contact Information: *please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.*
Name _____ Relationship to Child _____
Home Phone _____ Cell Phone _____ Work Phone _____

PICK-UP AUTHORIZATION

I hereby authorize the following person (s) to pick up the above named participant from camp. If there are any changes in these arrangements, I will give written notice. **Parents/Guardians must be included on this release.** I understand that my child will only be released to the people listed below, provided they produce an ID and sign out.

1. Parent/Guardian Name (s) _____,
 2. Name _____ Phone(_____) _____ Relationship _____ Age _____
 3. Name _____ Phone(_____) _____ Relationship _____ Age _____
 4. Name _____ Phone(_____) _____ Relationship _____ Age _____
- Guardian signature acknowledging pick-up procedures _____

TRANSPORTATION & EMERGENCY AUTHORIZATION

I hereby give the above-named participant permission to participate and be transported to all planned activities and field trips. In addition, I give permission to the North Branford Parks and Recreation staff to administer CPR/First Aid. In the event that North Branford Parks and Recreation is unable to reach me or the emergency contact persons on this form, I hereby give permission to North Branford Parks and Recreation to order whatever emergency treatment is deemed necessary _____ initial

PHOTOGRAPHY & VIDEOTAPING POLICY

Throughout the summer we will be taking pictures/video at camp for promotional purposes. These images/videos may appear in future program brochures, flyers, e-mail blasts, and on our department Facebook Page.
If you **DO NOT** wish to have your child photographed/videotaped at camp please indicate that here _____

PERSONAL ITEMS AT CAMP POLICY

I understand that North Branford Parks and Recreation Department is **NOT** responsible for items brought to camp that are lost, stolen or damaged. Please refer to the Parent Information & Guidelines for a full list of camp friendly items. Please mark any items brought to camp with the child's name.

BEHAVIOR POLICY

Please refer to the Parent Information & Guidelines to review the Behavior Policy.

General Health Form

IN THE EVENT OF AN EMERGENCY

Whom should we contact in the event of a medical emergency? Please list in order who should be called:

1. Name _____ Phone(_____) _____ Relationship _____ Age _____

2. Name _____ Phone(_____) _____ Relationship _____ Age _____

3. Name _____ Phone(_____) _____ Relationship _____ Age _____

Guardian signature acknowledging emergency procedures _____

HEALTH ASSESSMENT

Please indicate Yes or No to all that apply to your child:

Wears glasses/ contacts _____ Has ear tubes _____ Is hearing impaired _____ Has frequent nosebleeds _____

Has recurrent headaches _____ Has asthma _____ Has seizures _____ Has epilepsy _____

Are there any foods your child can not eat? _____

List any known allergies (food, medication, bee stings, etc.) _____

If you answered Yes to any of the above, please give any details here. Please note any other additional medical conditions you feel camp staff need to be aware of in order to ensure your child's safety.

SPECIAL NEEDS (only fill in this section if your child has additional special needs)

North Branford Parks and Recreation Department is committed to ensuring equal access to the camp. In order to ensure we are providing a safe and appropriate environment for your child please complete the following as applicable:

Classification/Diagnosis of Special Need : _____

Please list any supportive services your child receives from the Board of Education or private provider:

Support Needs: Does your child have emotional/behavioral needs that require support? Yes _____ No _____

Please provide any information regarding your child's emotional/behavioral support needs that can help us provide a safe and positive environment for your child and all participates in our program.

Does your child need paraprofessional support: Yes _____ No _____

Are there any plans or documents that you would like to share that would help us better support your child? Yes _____ No _____

If yes, please email those documents directly to Kerry Haynes at recreationsupervisor@townofnorthbranfordct.com

*Please note that ALL documents and information shared will be kept confidential.