

**South Kingstown Parks and Recreation
325 Columbia Street, Wakefield RI 02879**

Entered into RecPro by:
_____ (please initial)
on _____ (date)

MEDICAL FORM - Form will be kept on file from April 1, 2017 –April 1, 2018

_____	_____	_____	____/____/____
Child's Last Name	Child's First Name	Age	Date of Birth
_____	_____	_____	_____
Current School	Grade	Home Phone	Male/Female
_____	_____	_____	_____
Mailing Address	City	State	Zip Code
_____	_____	_____	_____
1) Parent / Guardian (full name)	Relationship to Child	Primary Phone	Alternate Phone
_____	_____	_____	_____
2) Parent / Guardian (full name)	Relationship to Child	Primary Phone	Alternate Phone
_____	_____	_____	_____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I agree to the unreserved use of my child's name and/or likeness (including photographs, videotapes, and other depiction either in print or on social media) FOR PUBLICIZING South Kingstown Park and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the Town of South Kingstown, the Town Council, the South Kingstown Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I have read the description in the brochure of each class or activity for which I have registered and I am aware that these classes or activities subject me to physical risks and dangers. Nevertheless I voluntarily agree to assume any and all risks of injury or death, and to release, discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

SIGNATURE OF PARENT*: _____ **DATE:** _____

*Parent or guardian must sign for youth 17 and under. Signature indicates registrant agrees with all registration and refund policies. Registration is not complete without signature. **You will not be notified of enrollment unless difficulty is encountered.** Please keep a record of date and time of programs you have registered for.

- CHILD RELEASE PROCEDURES -

Please check only one release option. The list below should include those **other than parents** or those listed as an emergency contact.

*In order for release options to be changed, parent must do so at the Neighborhood Guild with front desk staff.

_____ **Option A: Open Release:** Child is allowed to leave at the conclusion of the activity to walk or ride bike home.

_____ **Option B: General Release:** Child is allowed to leave at the conclusion of the activity with an adult over the age of 18 (parent or one of those listed below).

_____ **Option C: Restricted Release:** WE SUGGEST THAT YOU USE THIS OPTION ONLY FOR EXTREME CIRCUMSTANCES (i.e. custody issues, court ordered issues, etc). By checking this option your child will ONLY be released to an adult on the authorized list below or parent listed above.

NOTE: The individuals on the authorized list must sign the child out with a staff person and will be required to show a photo ID as proof of identification. If an individual is not on the authorized list and/or does not have proof of identification, the child will not be released until permission is obtained from a parent/guardian.

Name: _____ Relationship to child: _____ Primary phone: _____

Name: _____ Relationship to child: _____ Primary phone: _____

Name: _____ Relationship to child: _____ Primary phone: _____

Name: _____ Relationship to child: _____ Primary phone: _____

The backside of this form is for any allergy, medical, or dietary information for your child. Please fill out the information as completely as possible. If your child does not have any medical restrictions, you may leave the back page blank.

By initialing here _____ you agree that you have read this statement and your child does not have any special conditions, needs, limitations, allergies, dietary restrictions, medications or medical alerts.

Medical Information:

Participant History: Please check all that apply if your child currently has or has had in the last 12 months. If your child has any special conditions, needs or limitations, you must speak with the Recreation Supervisor (for Discovery, Vacation, Mini or Extreme Camps) prior to being accepted into the program. For sports related camps you would speak with the Sports and Fitness Supervisor.

Non-disclosure may result in dismissal from the program with no refund!

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Trouble with ears | <input type="checkbox"/> Hives/rash | <input type="checkbox"/> Chronic cough |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Food allergies |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Communicable diseases | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Wear Glasses | <input type="checkbox"/> Severe allergic reactions | <input type="checkbox"/> Bloody nose | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Has a primary language other than English | | <input type="checkbox"/> Has had the need for an aide at school | |
| <input type="checkbox"/> Has been or is currently being treated for ADD or ADHD | | <input type="checkbox"/> Is currently on an IEP (individual education plan) | |
| <input type="checkbox"/> Does not know how to swim | | <input type="checkbox"/> Wears a hearing aide | |
| <input type="checkbox"/> Other not listed: _____ | | | |

Note: While we understand and respect your child’s privacy and the information listed on this form, there may be a need for staff to discuss these medical issues with your child’s instructor. This will help them prepare in advance and help better serve the needs of your child during camp.

***By initialing here [redacted] you agree to allow the Recreation Supervisors to release that information.**

Please comment on all checked items (use extra sheet if needed):

Dietary Restrictions: If your child **has any dietary restrictions**, please provide instructions.

- Child has no restrictions.
- Child has the following restrictions _____
- _____

Allergies: If your child **has any allergies or is sensitive to anything**, please check and explain any procedures staff should be aware of in the event reactions occur:

- Child has no known allergies Child has no known sensitivities
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Medicine | <input type="checkbox"/> Animals | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Insect/Bee stings | <input type="checkbox"/> Poison Oak/Ivy | <input type="checkbox"/> Sunburn/Sunscreen | <input type="checkbox"/> Latex |
- Other (please explain) _____

Please comment on all checked items: _____

Medications: If your child requires **ANY medication during program hours**, they must keep it stored in a secure container with their name on it and keep it stored in a bag/back pack. You are **REQUIRED** to list those medications below. Please note that staff is not permitted to administer ANY medication. Staff will do their best to remind a child to take a medication **HOWEVER** the child should know when to take it.

Name of Medication/Reason: _____

Name of Medication/Reason: _____

Name of Medication/Reason: _____

To better serve your child, please share any information about his/her behavior, physical, emotional or mental health about which we should be aware. These may include shyness, socialization difficulties, issues with stress, learning style, etc. Please list any strategies used to manage the concern or to enhance your child’s ability to be more successful and happier while with us at camp.
