

**BARKHAMSTED NATURE CAMP CHILDREN'S CAMP EMERGENCY INFORMATION - 2018**

**One Form Per Child** (Please Make Copies if more than one child)

CAMP WEEK(S) 5 days week 2\_\_\_ 3\_\_\_ : 3 days week 1 \_\_ 2\_\_\_ 3\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_ **PARENT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**HOME TEL.#:** \_\_\_\_\_ **PARENT'S TEL:** \_\_\_\_\_ **PARENT'S TEL:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMERGENCY PHONE: NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

(OTHER THAN PARENT)

**DOCTOR'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

1 Does your child require an epi-pen? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes additional paperwork by your family DR. must be filled and sent to the Recreation office at least one before the start of camp. Please contact the Recreation office for additional paperwork. Links to these forms are on the town website under the recreation section. www.barkhamsted.us

2. List any medical problems, allergies, or special assistance that your child needs: **PLEASE BE VERY SPECIFIC**

\_\_\_\_\_

4. In the event of an emergency requiring medical attention. I understand that a reasonable effort will be made to contact me to obtain authorization before treatment or hospitalization is rendered. However, if I am unavailable, I grant permission to a physician or other hospital personnel to attend to my son or daughter.

**DOCTOR:** \_\_\_\_\_ **TEL #:** \_\_\_\_\_ **HOSPITAL** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **TEL #:** \_\_\_\_\_

I GIVE MY SON/DAUGHTER \_\_\_\_\_ PERMISSION TO PARTICIPATE IN THE BARKHAMSTED RECREATION DEPARTMENT'S PROGRAM. TO THE FULLEST EXTENT PERMITTED BY LAW I AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF BARKHAMSTED AND ITS EMPLOYEES FROM ANY INJURIES OR DAMAGES CAUSED BY OR RESULTING FROM PARTICIPATION BY MY CHILD IN THE TOWN OF BARKHAMSTED RECREATION DEPARTMENT'S PROGRAM.

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**PARENT PICK-UP VERIFICATION FORM**

**One Form Per Child**

To ensure the safety of your child, we ask that you list below, your name and any person that you have given permission to pick up your child from camp. We will be verifying and checking License/Photo ID's

I \_\_\_\_\_, give permission to the staff to release my son or daughter \_\_\_\_\_ to:  
(Parent/Guardian Name) (child's Name)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Names of person(s) authorized to pick up your child)

In case of very inclement weather, Nature Camp can be cancelled with no make-up day or refund. However, we still try to run camp rain or shine.

I hereby understand that if the Recreation Office is notified at least one week (7 business days) prior to start of camp/program, all but 25% of the program fee will be refunded. **NO REFUNDS** will be given after camp/program begins.

**I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE (This must be signed in order for your child to participate)**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

