Summer Playground Registration Form

Household/Family: _____ Primary Phone: _____ Email: _____
Address: _____ Apt #_____ State: _____ Zip: _____

Participant's Name	Date of Birth	Shirt Size	Grade as August 2019	Summer Playground selection & weeks attending (Kiddie/SQ/teen)	Fee
1.					
2.					
3.					
4.					

The following forms must be completed and returned to Parks and Recreation prior to the participant's starting date or enrollment status in the Summer Quest program may result in removal.

Please limit one medication per page on the Authorization of Medication form. If more than one medication is to be administered please make copies and attach. Medication forms may not apply, please still return with other forms

Emergency Contact/Pick-Up List	Authorization of Non-Prescription Medication	Authorization of Medication	Youth Camp Health Exam

I give the Portland Parks and Recreation Dept. permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: **YES** **NO**

Waiver: I hereby agree to hold harmless the Town of Portland and its agents for any accidental injury caused by participation in any Town of Portland sponsored activities. In signing this form, it is understood that Portland Parks and Recreation Department and the Town of Portland DO NOT assume responsibility for accidents and the participant(s) agree(s) to abide by all rules and regulations set by the Portland Parks and Recreation Department. The Parks & Recreation Department has the right to cancel any program if the minimum participation has not been met.

Parent/Guardian Name: _____ **Signature**: _____ **Date**: _____

Revised 4/10/19

Summer Playground Program
Camper & Parent Contract

This is a contract for both parents and campers to sign saying that they have read the packet provided on camp rules and procedures and understand that these rules and procedures need to be followed at all times. Please read the contract, sign it and hand it in on the first day of camp to your child's counselor or director. This contact holds both the parent and child accountable for actions if disciplinary action is necessary at the Summer Playground Program.

We, _____ (CAMPER'S NAME) &

_____ (PARENT/GUARDIAN'S NAMES)

Have read and understand the camp rules, disciplinary procedures and sign out procedures of the summer camp program. I understand that if my child disregards any rule of camp: suspension and/or expulsion from camp may be part of the disciplinary procedures. I understand that my child will not be permitted to attend camp in the case of suspension/expulsion. I also understand that the Town of Portland Parks and Recreation Department is not responsible for finding alternative care for my child in the case of suspension/expulsion. **REFUNDS WILL NOT BE GRANTED ON THE BASIS OF A SUSPENSION OR EXPUSLION.**

- I have provided Portland Parks & Recreation with at least 2 valid phone numbers to be able to contact during the day in the event parents/emergency contacts need to be contacted.
- I understand that only people who are on the authorized pick up list I turned in at registration are allowed to pick up my child from camp.
- I understand that pictures of my child may be taken for publicity purposes by the Portland Parks & Recreation photographer on staff.

Camper's Signature: _____ Date: _____

Parent's Signature: _____Date: _____

PORTLAND PARKS AND RECREATION
265 Main Street, PO Box 71, Portland, CT 06480
(860)-342-6757 (860) - 342-6763 FAX

SUMMERQUEST PICK UP LIST

Please list any individuals that are allowed to pick up your son/daughter from camp. Anyone on this list must show ID when greeted at the front desk of SummerQuest. The camper(s) will not be permitted to leave until valid ID is provided or our staff is able to verify with a parent/guardian on the registration form. Thank you!

CAMPER NAME: _____

Name of Individual	Relationship to Camper	Phone Number
1.		
2.		
3.		
4.		
5.		

EMERGENCY CONTACT INFORMATION

Emergency Contact 1: _____ **Relationship**: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Emergency Contact 2: _____ **Relationship**: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Child's Physician: _____ Phone: _____

In case of an <u>emergency</u>, may we transport your child via ambulance? YES NO

Please list any medical concerns or allergies that we should be aware of:

_____

_____

_____

_____

Printed Name Signature Date

Revised 4/8/19

Parent/Guardian Authorization for the Administration of Non-Prescription of Topical Medications by Youth Camp Personnel

To Youth Camp Director, Nurse or Teacher:

I hereby request that a staff member of the Youth Camp administer the following non-prescription topical medications to my child. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription medicated powders.
2. Non-prescription insect repellants.
3. Non-prescription sunscreen protectants which are free of amino benzoic acid (PABA) or its derivatives.

Name of child: _____ **Date**: _____

Address: _____

Medication: Name, method of administration, area of application according to direction on original container:

_____

_____

Time of administration: _____

Medication to be administered from (date) _____ to (date) _____

Reason for which medication is being administered:

_____

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of parent/guardian: _____ **Date**: _____

(Print)

Signature: _____ Relationship to child: _____

Address: _____ Work Phone: _____ Home/Cell: _____

For Office Staff:

Signature of Camp Director: _____ Date: _____

Revised 4/8/19

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require an authorized prescriber (M.D., P.A, APRN) or dentist's written order and parent or guardian's authorization for a nurse or camp personnel with current Medication Administration Training to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

AUTHORIZED PRESCRIBER OR DENTIST'S ORDER: Date___/___/___

Name of Child_____Date of Birth ___/___/___

Street Address _____City/Town_____State_____

Condition for which drug is being administered during camp hours_____
_____

DRUG: Name of Drug, Dose and Method of Administration _____
_____

Times of Administration: __, __, __Medication shall be administered from __/__/__- __/__/___

Relevant side effects to be observed, if any _____
_____

If there are side effects, plan for management _____
_____

Is this a controlled drug? _____

Allergies, reaction to, or negative interaction with food or drugs? If YES, list _____
_____

The authorized prescriber's or Dentist's Name _____Phone # (___) _____
(type or print)

Street Address _____City/Town_____State_____

Authorized Prescriber or Dentist's Signature _____

Authorization by Parent/Guardian for the administration of the above medication: Date: __/__/__

I hereby request that the above medication, ordered by the authorized prescriber/dentist for my child _____, be administered by the camp personnel with current Medication Administration Training.

I understand that I must supply the Youth Camp with the prescribed medication in the original container dispensed and properly labeled by an authorized prescriber, dentist or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Name of Parent or Guardian _____Signature _____
(Print Name)

Relationship to child _____Street Address _____

City/Town _____State _____Zip Code _____ Phone (___) _____

YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF
Physical Exams Are Valid For 3 Years
From Date of Last Examination

Please Return Completed Form To Parks & Recreation Office

□ Camper
□ Staff
Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Phone _____
Date of Arrival at Camp _____ Departure Date _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTIONER:

Date of Exam _____/_____/

_____ May participate in ALL camp activities
_____ May participate except for _____

Medical information pertinent to routine care and emergencies _____

Is this individual taking prescription medication? □ YES □ NO If yes, indicate names of medication(s): _____

Does the individual have allergies? □ YES □ NO Explain: _____
Is the individual on a special diet? □ YES □ NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal Conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____
Medical care provider's address: _____
Medical care provider's: City/Town _____ State _____ Zip Code _____

_____
Signature of Physician, PA, APRN or RN

_____
Date of Form Signed

_____
Telephone Number

Revised 4/8/19