

Berlin Recreation/Swim Program Registration /Health Form

Summer 2011-Berlin residents only

Child's Name _____

Address _____

Phone Number _____ Date of Birth _____ Age _____

Parents/Legal Guardian _____

Mother's Employer _____ Work Phone _____

Father's Employer _____ Work Phone _____

Grade Entering in the Fall _____

EMERGENCY CONTACTS (addition to Parents/Guardians listed above)

1.Name _____ Phone _____

2.Name _____ Phone _____

3.Name _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Allergies _____

Health Problems/Medical Conditions _____

(Check One)

Recreation/Swim Program _____ Recreation Only _____ Swim Only _____

I authorize the following people below to pick up my child at Berlin Programs. The list should be complete, including the parent whose signature does not appear below.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Parent/Guardian's Authorization

The health history is correct to my knowledge and the person herein described has permission to engage in all activities, except those noted by the examining physician and me.

In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by camp director to hospitalize, secure proper treatment and to order injections, anesthesia, or surgery for my child as named above.

Please initial which pertains to your child.

Immunizations are up to date _____

Due to religious/personal beliefs child not immunized. _____

Due to allergies my child is required to carry an epi-pen. _____
He/she is able to self medicate _____ or I give Tammy Osterhout
(during recreation), a trained NYS EMT or Annette Buck (during swimming
lessons) to administer the epi-pen. I also understand that if the epi-pen is
needed that the ambulance will be called and I will be notified of the need
also. _____ (please initial appropriate places)

Signature _____ Date _____

I am willing to be a "pool" parent as I will be transporting my children to and from the
Hoosick Falls pool. _____ (please initial).