



SOUTH WINDSOR
Parks & Recreation

SOUTH WINDSOR PARKS & RECREATION DEPARTMENT
EMERGENCY INFORMATION & MEDICAL CONCERNS

PLEASE PRINT ALL INFORMATION

Camp Name _____

Participant's Name _____ Birth Date _____

Note: #1 contact name will be the first person notified (i.e. parent, spouse, etc.)

1 Emergency Contact Name _____ Phone # _____ Relationship _____

2 Emergency Contact Name _____ Phone # _____ Relationship _____

3 Emergency Contact Name _____ Phone # _____ Relationship _____

4 Emergency Contact Name _____ Phone # _____ Relationship _____

Physician's Name _____ Phone # _____

In order to attend specialty camps, you must have up-to-date immunization record, including the measles vaccination. Has your child been vaccinated for measles? Yes_____ No_____

If no, please indicate the reason your child has not been vaccinated:

____ My child has not been vaccinated for philosophical reasons

____ My child has not been vaccinated for medical reasons

Is there anything that could affect your experience that we should be aware of, i.e. medical concerns, allergies, physical or social limitations, etc.? Yes_____ No_____

If yes, please describe in detail: _____

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

In the space below, please tell us any additional information or special needs. _____

