

Last name of child: _____

CONCORD PARKS & RECREATION DEPARTMENT CAMP INFORMATION FORM

All information must be completed before the start of camp. Please print clearly!

About your child:

Child's Name: _____ Nickname: _____ Home Phone: _____

Birth Date: _____ Age: _____ Sex: _____

Parent/ Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Parent/ Guardian Address: _____

Please note any behavioral information that will help us to work with your child(i.e. ADD, ADHD, shy, or anxious): _____

Medical Information:

Insurance Provider: _____ Policy Number: _____

Physician's Name: _____ Phone Number: _____

Does your child have any allergies? _____ Please specify: _____

Is your child under a physician's care or currently taking medication on a continuing basis? _____

Date of your child's last tetanus shot: _____

Please check both sections.

Camp:	Session: <i>(check all that apply)</i>		
_____ Stay & Play (Gr.1-5)	_____ week 1	_____ week 5	_____ week 9
_____ Rec Adventure (Gr.3-5)	_____ week 2	_____ week 6	
_____ Adventure (Gr.6-8)	_____ week 3	_____ week 7	
_____ Nature Cam p (Gr. 1-3)	_____ Week 4	_____ week 8	

I authorize the Concord Parks & Recreation Department staff to administer basic and temporary first aid to my child if necessary.
Yes _____ No _____

I give my child permission to attend field trips as part of their daily activities. I understand that field trip information will be posted prior to each trip.
Yes _____ No _____

I give permission for my child to be treated by qualified medical personnel in the event of an emergency. It is understood that staff will make every attempt to contact the parents/guardians and /or emergency contacts as quickly as possible.
Yes _____ No _____

I hereby give permission for my child to participate in swimming activities. My child _____ swim in water above his/her shoulders.
(can / cannot)

I hereby give permission for my child to be photographed for department marketing purposes only: Yes _____ No _____

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

Last name of camper: _____

RELEASE AUTHORIZATION FORM

Special Release Instructions:

EMERGENCY CONTACTS:

In the event of an emergency and if the parents/guardian can not be reached, please contact in the following order:

Contact #1: _____

Phone #s: _____ Cell: _____

Relationship: _____

Contact #2: _____

Phone #s: _____ Cell: _____

Relationship: _____

I attest that the following people are authorized to pick up my child from the Concord Parks & Recreation Department Camp Programs. I understand that by listing their name, my child will be allowed to leave with only these individuals. ***Please include yourself and any other guardians. Proof of identification will be needed to release the child.***

Signed: _____

Camper's Name: _____

Authorized Person #1 _____

Address _____

Phone Number _____ Relationship: _____

Cell Phone _____

Authorized Person #2 _____

Address _____

Phone Number _____ Relationship: _____

Cell Phone _____

Authorized Person #3 _____

Address _____

Phone Number _____ Relationship: _____

Cell Phone _____

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