

WAYLAND RECREATION DEPARTMENT | SUMMER DAY PROGRAMS

CIRCLE YOUR PROGRAM BEACH BUDDIES SUMMER ADVENTURE WAYLAND ESCAPES
SPORTS CAMP: SOCCER LACROSSE FOOTBALL BASKETBALL | MINOR STAFF | C.I.T. Program

YOUR CHILD CANNOT ATTEND WITHOUT SUBMITTING ALL 4 OF THESE REQUIREMENTS

- THIS HEALTH HISTORY FORM IMMUNIZATION RECORD PHYSICAL EXAM PHOTO OF CHILD
Attach or send a current PHOTO of your child; will be kept in your child's file as part of our safety protocols.
You can email it from your mobile device to rec@wayland.ma.us!

CHILD'S FULL NAME: _____ Gender: Male Female
Address: _____ City: _____ Zip Code: _____
Date of Birth: _____ Age: _____ How did you hear about us? _____
Grade for 2016-2017 school year: _____ School: _____
Eye Color _____ Hair Color _____ Weight _____ Height _____ Sex _____
Tee Shirt size: Youth Small YM YL Adult Small AM AL AXL A2XL

HEALTH HISTORY

ALLERGIES No known allergies. Food Medication Seasonal/Environmental (insect stings, hay fever, etc.)
 Other (Please describe the allergy/reactions.) _____

PLEASE provide a lunch, snacks and water every day.

MEDICATIONS No medications Prescribed an Epi-Pen* Prescribed Inhaler* Other (Please describe)

Will medication need to be administered at the summer day program? **YES** **NO** ***If yes, Complete Med Form

DIET/ NUTRITION

Child eats a regular diet Vegan/Vegetarian Lactose intolerant Gluten intolerant. Other, please explain:

RESTRICTIONS

- I have reviewed the program and activities and feel my child can participate without restrictions.
 I have reviewed the program and activities and feel my child can participate with these restrictions or adaptations

PLEASE PROVIDE any additional information about the child's health, development or behavior that you think is important or that may affect the ability to fully participate in the program. Attach additional information if needed (ex. IEPs).

HEALTH CARE PROVIDER

Name of child's Primary Physician/ Health Care Provider or Health Maintenance Organization: _____
Address: _____ Phone: _____
Name of dentist(s): _____ Phone: _____
Medical Insurance Company _____ Policy#: _____

FIRST AID & EMERGENCIES | INJURIES & ILLNESS

I authorize certified staff to give Basic First Aid/CPR/AED to my child if needed. In the event of an emergency, I hereby authorize my child be transported to the nearest medical facility as deemed appropriate by responding medical personnel and secure necessary medical treatment. In the event that I cannot be reached, I authorize the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me and/or my emergency contacts of the emergency immediately. I authorize the staff to contact and to release my child to the emergency contacts that I designate on this form. Minor injuries will be reported to parents at the end of the day; minor illness will be reported to parents at the onset.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CHILD'S FULL NAME: _____

RELEASE OF CHILDREN | PICK-UP PROCEDURES

IMPORTANT: For safety, our staff can only release a child to a person who is authorized by the parent in writing and who has presented proper identification. Children are released once staff has checked a **photo ID** -- even IDs of the parent/guardians!

LATE PICK-UP POLICY

A late pick-up fee of \$1 per minute will be charged if the pick-up time exceeds five minutes after the registered dismissal time; After a 60 minute period of time and no contact has been made by a parent the Police Department and/or Department of Children and Families may be notified.

PARENT | GUARDIAN 1: APPROVED TO DISMISS

Parent Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email: _____

PARENT | GUARDIAN 2: APPROVED TO DISMISS

Parent Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email: _____

EMERGENCY CONTACTS/APPROVED TO DISMISS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is there someone, who you would like to specify who **cannot** pickup your child? _____

*Please note: If person listed above is also a legal parent/guardian, a court order is required to refuse release.

ADDITIONAL EMERGENCY CONTACT INFORMATION:

Travel date(s) location(s) and telephone number(s) of the parent/guardian if will be traveling while the child is attending the program: _____

PERMISSIONS & AUTHORIZATIONS

Mark NO if you want to deny permission. If you do not mark YES or NO, it is presumed you are granting permission.

The Recreation Department may make, have, use, publish and reproduce photographs and/or video of my child for its record, public relations purposes, children's recognition, slide shows and/or other projects related to the wholesome promotion of the program.

YES **NO PHOTOS or VIDEOS**

I give permission for Recreation Staff to apply or help apply SUNSCREEN and or INSECT REPELLENT to my child. I understand I must provide non-medicated, waterproof sunscreen and/or insect repellent in its original container and labelled with the child's full name. If permission is denied, staff cannot apply sunscreen to children, but will assist, remind and direct children.

YES **NO SUNSCREEN APPLICATION** **NO INSECT REPELLENT APPLICATION**

I understand that my child must comply with the program's rules and standards of conduct and that the program may terminate my child's participation if he/she does not maintain these standards of conduct and safety. I have read the General Program Information and agree to abide by all the policies. I understand that my child cannot attend the program until there is a current Health History form, physical, photo and an immunizations record on file by June 1. I confirm that the information stated in this application, in the Health History form, and any form I submitted online is accurate and complete. I realize that participation in recreational activities has some inherent risks. The child herein described has permission to engage in all activities, except as noted on the Health History form. I agree to release and covenant to hold harmless the Town of Wayland, its agents, contractors, and employees of and from any and all actions, loss, claim, costs or damages from personal injuries and disabilities that my child may have sustained and may have incurred as a result of the participation in Summer Recreation Programs. I understand the information on this form will be shared on a "need to know" basis with staff. I give permission to photocopy this form.

PARENT/GUARDIAN SIGNATURE _____ DATE _____