



2019 DAY CAMP EMERGENCY FORM

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Complete Address: _____

Mother/guardian name: _____ Primary Phone: _____ Secondary Phone: _____

Father/guardian name: _____ Primary Phone: _____ Secondary Phone: _____

If the above cannot be reached: Other local emergency contacts: (other than parent/guardian):

1. Name: _____ Primary Phone: _____ Secondary Phone: _____

2. Name: _____ Primary Phone: _____ Secondary Phone: _____

Who else has permission to pick up your child? (Other than parent /guardian & emergency contacts)

(A picture I.D. must be shown.)

1. Name: _____ Primary Phone: _____ Secondary Phone: _____

2. Name: _____ Primary Phone: _____ Secondary Phone: _____

Does your child have any limitations/special needs and /or language barriers? **Any Allergies?** Please indicate on back.

Is your child(ren) up to date on Immunizations? Yes _____ No _____

Please indicate on back of form any special concerns regarding your child.

PHYSICIAN NAME & MEDICATIONS

If your child needs medication(s) please indicate below. Prescription medication shall have the pharmacy label indicating the physician's name, child's name, instructions and name and strength of the medication, and shall be supervised while above mentioned administrators in accordance with those instructions. Staff is not allowed to administer medication. I will notify the Counselors in writing of any changes or discontinuation of this medication(s).

Name of medication: _____

Time of administration: _____ Relevant side effects: _____

Physician Name and Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

RECREATION PROGRAMS & PHOTOGRAPH POLICY

I hereby grant permission to Northville Parks and Recreation and any other entities authorized by Northville Parks & Recreation to use any photographs, video tapes or any other record of activities for legitimate purposes. I agree to release and hold harmless on behalf of myself, my child, and our representatives, the City and Township of Northville and their Parks and Recreation Department and the Northville Public Schools from liability for injuries and damages which I or my child may sustain while participating in this activity even if the injuries or damages are caused by the sole negligence of the City or Township or their Parks and Recreation Department or the Northville Public Schools. I understand that I am responsible for medical coverage for me and my child.

I hereby give permission to the children's camp, Northville Summer Day Camp at Maybury Park, which is licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.

Parent Signature: _____

Date: _____