

2016 Claverack Youth Summer Playground Registration Form
(The child must have completed kindergarten to be eligible to attend)

Child's Name: _____ Sex: _____
Mailing Address: _____
Street Address: _____
Home Phone: _____ Age: _____ Birth Date: _____
Grade last completed _____ School attended? _____

In Case of an Emergency:

Primary Contact: _____ Phone #: _____ home/work/cell
Relationship _____

Secondary Contact _____ Phone #: _____ home/work/cell
Relationship _____

Please complete the following medical information:

Health Insurance Carrier: _____
Subscriber Name: _____ Ins. Number _____

Does your child have any known allergies to bees, food, medications, etc.? If so, please list them. _____

Does your child have asthma? _____ Inhaler needed? _____

Will you provide a bee kit, inhaler, or medication to our medical officer at the playground? ____ If yes, please identify: _____

List any major illnesses or health restrictions that should be placed on your child's play:

Is your child currently taking any medication on a regular basis? _____
If yes, please list them with the dosage. _____

Any vision impairment? _____ Are glasses worn? _____ Contacts? _____
Any hearing impairment? _____ Are hearing aids worn? _____ Ear tubes? _____
Are immunizations up to date according to the public school schedule? _____
If no, explain which ones are missing. _____

Is your child exempt from immunization? _____

What is the date of your child's last tetanus shot? _____



