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WELLESLEY RECREATION
EMERGENCY INFORMATION & HEALTH FORM

Please check all that apply ☐ Camp Joey ☐ Camp Quest ☐ Camp Odyssey ☐ Thundercats ☐ Skyhawks ☐ Other Program Please name other program. _____

Child's Last Name _____ First Name _____

Child's Birthdate _____ ☐ Male ☐ Female

Primary Guardian's Information

Name _____

Address _____

City _____ State ____ Zip Code _____

Home Phone # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cell Phone # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Work Phone # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email _____

Secondary Guardian's Information

Name _____

Address _____

City _____ State ____ Zip Code _____

Home Phone # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cell Phone # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Work Phone # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email _____

Emergency Contact Information (if primary guardian unavailable)

Name of Contact _____ Relationship _____

Phone # ☐☐☐☐☐☐☐☐☐☐

Health Care Information

Physician's Name _____ Phone # ☐☐☐☐☐☐☐☐☐☐

Insurance Carrier _____ Policy # _____

Health History

You MUST send a copy of your child's most recent physical and record of immunizations to the Recreation Office.

Does your child have any allergies or medical conditions?

PERMISSION:

Full permission is granted for my child, _____, to attend and participate in all activities. In case of a medical emergency, it is understood that every effort will be made to notify me. If I cannot be reached, I give permission to the Wellesley Recreation Department to secure any necessary emergency treatment for my child.

Document Signature Field

Signature of Guardian