

ROBBINSVILLE TOWNSHIP RECREATION DIVISION  
2012 SUMMER REC / SPORTS CAMPS AT SHARON SCHOOL

MEDICAL INFORMATION FORM

CHILD'S NAME _____	DATE OF BIRTH _____
ADDRESS _____	HOME PHONE _____

PARENT NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARENT NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT (Please list two people):

(1) NAME \_\_\_\_\_ (2) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES _____
Are there any medical conditions that would restrict the child's participation in any activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____
Please list any medications your child is currently taking _____
Please list any other health-related problems or concerns your child may have that the camp staff should be aware of _____

**PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT**

To the best of my knowledge, the information recorded above is correct and complete. I give my permission for my child to participate in all camp activities, except as specifically noted herein. In the event that I cannot be reached in an emergency, accident or injury which occurs while this minor is participating in, or traveling to or from a Robbinsville Township Summer Camp program, I hereby give my permission for the adult representative of the Robbinsville Township Recreation Division to secure whatever medical or hospital care that may be necessary and agree to be financially responsible for such care. I further hold the Township of Robbinsville, the Recreation Division, its employees, and representatives harmless from and indemnify them against any liability or loss incurred in connection with any injury to or as a result of any treatment rendered pursuant to the permission to participate for the minor above.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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PICK UP AND DROP OFF AUTHORIZATION FORM

Child's Name

The following person will normally **DROP OFF** my child:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Is your child registered for extended care provided by **R.E.D. (Robbinsville Extended Day)**? Yes \_\_\_ No \_\_\_

If yes, please check one or both: AM Care \_\_\_\_\_ PM Care \_\_\_\_\_

**PICK UP & EMERGENCY CONTACTS**

*To ensure the safety of our campers, the following person(s) will be required to show proper photo identification.*

*Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child.*

I hereby authorize the following adult(s) to **PICK UP** my child:

1) Name (print) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

2) Name (print) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

3) Name (print) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

The following person(s) **MAY NOT** remove my child from camp:

(1) Name \_\_\_\_\_ (2) Name \_\_\_\_\_

Custody papers are on file: Yes \_\_\_ No \_\_\_ Custody papers are on file: Yes \_\_\_ No \_\_\_

**PARENT ACKNOWLEDGEMENT**

I have read, understand and accept the Pick Up & Drop Off Procedures provided in the Parent Handbook.

The above information was provided by:

Parent/Guardian Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Robbinsville Township Recreation Division  
2012 Summer Rec Camp & Sports Camp

**FIELD TRIP PERMISSION FORM**

I give my permission for my child \_\_\_\_\_  
(please print full name)

to attend field trips that will be scheduled during the course of the camp session. I understand there will be no fee for these trips. Field trips will return to Sharon School by 4:00 p.m. Parents/Guardians will be notified in advance of field trip destinations.

I have read the above statement and give my permission for my child to attend field trips.

Parent's/Guardian's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_