

GLASTONBURY PARKS AND RECREATION DEPARTMENT
FIELD HOCKEY CLINIC
CHILD INFORMATION/EMERGENCY CONSENT FORM

This form will provide Field Hockey Clinic Directors with the information needed to care for your child in the event of an emergency. For your child's safety and protection, it **MUST** be completed and returned with her on their first day of attendance at the program.

ANY CHILD THAT ARRIVES WITHOUT A COMPLETED FORM WILL BE SENT HOME. THEY MAY RETURN WHEN THE FORM IS COMPLETED AND ON FILE.

CHILD INFORMATION

Child's Name _____ Date of Birth _____

Address: _____ Home Phone _____

PARENT/GUARDIAN INFORMATION

Please provide us the name of the Parent/Guardian and where they may be **REACHED** during the program hours in case of a problem and/or emergency.

1) Mother/Guardian _____ Home Phone _____ Cell Phone _____
Name of Employer _____ Day Phone () _____

2) Father/Guardian _____ Home Phone _____ Cell Phone _____
Name of Employer _____ Day Phone () _____

OTHER CONTACT

Please provide us the name of the person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Be sure to provide phone numbers where these people may be **REACHED** during the day.

1) Name: _____ Home Phone _____ Cell Phone _____
Name of Employer _____ Day Phone () _____

2) Name: _____ Home Phone _____ Cell Phone _____
Name of Employer _____ Day Phone () _____

SPECIAL NEEDS

In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Field Hockey Clinic Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

CHILD'S NAME _____

MEDICAL INFORMATION

If your child is on any medication or requires medication in the event of an emergency (i.e. food allergy, asthma etc.) **YOU** must obtain and complete an **Authorization For Administration of Medication** form prior to the start of the program. Forms are available at Parks & Recreation Office or from our website (www.glastonbury-ct.gov) Click parks & recreation website, downloadable forms, medication).

Known Medical Conditions: _____

Known Allergies: _____

Medication to be Administered: _____

OTHER INFORMATION

Use this space for any additional information that you feel might be helpful to the staff working with your child.

EMERGENCY INFORMATION

In an emergency, I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If in the opinion of the Parks & Recreation program Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport.

If the situation permits, I prefer one of the following hospitals: _____

If the situation permits, I prefer one of the following physicians: _____

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for: Child's Name: _____ Age: _____ during my absence while my child is under the care of the Glastonbury Parks and Recreation program Staff.

I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Name: _____

Relationship: _____

Signature: _____

Date: _____