

GLASTONBURY PARKS AND RECREATION DEPARTMENT  
**TEEN SCENE/MUSIC & ARTS CAMP**  
CAMPER INFORMATION/EMERGENCY CONSENT FORM

This form will provide Parks & Recreation staff with the information needed to care for your Camper in the event of an emergency. For your Camper's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

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

**CAMPER INFORMATION**

Camper'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 ( ) \_\_\_\_\_

**SPECIAL NEEDS**

In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Music & Arts Director to discuss any concerns you may have. You may email Keith Berry, Music & Arts Camp Director with any information you feel it is important for Camp to have prior to the start of camp, [musicartdirector@glastonbury-ct.gov](mailto:musicartdirector@glastonbury-ct.gov). (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

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**OTHER INFORMATION**

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

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CAMPER'S NAME \_\_\_\_\_

**SWIMMING INFORMATION**

Participation in the Teen Scene program will swim at Grange and Addison Pool. Wristbands are used to identify Teen Scene participants and their swimming abilities.

**You must indicate your child's swimming ability. If nothing is checked, the child will automatically be placed in the Shallow End Only Group – NO EXCEPTIONS!**

Shallow End Only: \_\_\_\_\_  
(Purple Wristband)

Camp is allowed to swim in only shallow water.  
Grange/Addison the shallow end is 3 1/2 feet deep.

Proficient Swimmer: \_\_\_\_\_  
(Green Wristband)

Child should be Red Cross Level 3 or similar with the ability to submerge completely underwater, jump into deep water, swim 15 yards with face in the water, tread water and/or float for 30 seconds, and swim back 15 yards. **Deeper water at Grange and Addison is 4-12 feet deep in some sections.**

**EMERGENCY STATEMENT**

If in the opinion of the Parks & Recreation Department program staff, emergency medical services are required, 911 will be called. Should emergency transportation to a hospital be required, it will be coordinated by Emergency Medical Services (EMS). Parents/Guardians will be notified by the numbers provided under the "Parent/Guardian Information" on the front of this form, as soon as possible. If a child is transported by ambulance, a staff member will accompany them until a Parent/Guardian arrives at the hospital.

**MEDICATION AT CAMP**

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](http://www.glastonbury-ct.gov)) Click parks & recreation website, downloadable forms, medication).

Does your child require medication at camp?       Yes                       No

**MEDICAL INFORMATION**

This information is needed to care for your child in the event of an emergency.

Medical History: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

All Medications Currently Taking: \_\_\_\_\_  
(Included Medications taken at home)

**EMERGENCY/OTHER CONTACTS**

Please provide us the name of the person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Every effort will be made to contact Parent/Guardians first but if you cannot be reached the following will be contacted. Be sure to provide phone numbers where these people may be **REACHED** during the day.

1) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.       Yes                       No

2) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.       Yes                       No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_