

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 ( ) \_\_\_\_\_

**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)

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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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CHILD'S NAME \_\_\_\_\_

**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.

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

Known Medical Conditions: \_\_\_\_\_

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 \_\_\_\_\_ Work 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 \_\_\_\_\_ Work 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

**To Be Completed by Person Filling out the form:**

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

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

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

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