

**RYE BROOK RECREATION AFTER SCHOOL FOR KIDS**  
**HEALTH AND REGISTRATION FORM**

Please fill out form and return to the Recreation Department with a check. Questions 1 through 6 are to be completed by your child's physician and Questions 7-11 is to be completed by a legal guardian.

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	SEX
ADDRESS	CITY/STATE	ZIP CODE	PHONE #	BUSINESS#
SCHOOL	Grade entering in Sept. 2018	Email		

**ALL CHILDREN ATTENDING AFTER SCHOOL FOR KIDS MUST HAVE AN UP TO DATE IMMUNIZATION RECORD THAT INCLUDES THE FOLLOWING (PLEASE HAVE YOUR DOCTOR LIST THE DATES).**

- |  |                            |
|--|----------------------------|
|  | <b><u>Date of shot</u></b> |
| 1. Four or more doses of Diphtheria/Tetanus Toxoid   | ____/____/____             |
| 2. Three or more doses of Oral Polio Vaccine or four or more doses of Inactive Polio Vaccine Salk given after 1968 | ____/____/____             |
| 3. One dose of live Measles Vaccine given after 1 year of age.   | ____/____/____             |
| 4. One dose of live Mumps Vaccine given after 1 year of age.   | ____/____/____             |
| 5. One dose of live Rubella Vaccine given after 1 year of age.   | ____/____/____             |
| 6. Is the child taking any prescribed medication?  | YES ___ NO ___             |
| If the answer is yes, what is the medication?  |                            |
| Would your child be taking the medication during the camp day?   | YES ___ NO ___             |

_____ Physician's Signature	_____ Date
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- |  |                |
|--|----------------|
| 7. Has your child had any recent operation or injury?<br>If yes, please explain _____  | YES ___ NO ___ |
| 8. Has your child been exposed to any communicable disease within the last 3 weeks?<br>If yes please list _____  | YES ___ NO ___ |
| 9. Please list food, which your child is allergic to if any _____<br>Please list drug, which your child is allergic to if any _____<br>Is your child allergic to insect/bee bites? | YES ___ NO ___ |
| 10. Is there any emotional or physical disturbance?<br>If yes what treatment or care has been given? _____   | YES ___ NO ___ |
| 11. Is there any reason why your child may not participate in any activities?<br>If so, please explain _____   | YES ___ NO ___ |

**FOR EMERGENCY USE:**

Parents' daytime numbers/names ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

If a parent cannot be reached: Name/Relationship \_\_\_\_\_

Telephone numbers ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Neighbor or relative who would know where a parent could be reached, or who would be able to pick up the child if necessary:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone ( - ) \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address \_\_\_\_\_ Phone ( - ) \_\_\_\_\_

I hereby authorize my child/children whose name(s) appears above to participate in the above program/s sponsored by the Rye Brook Parks and Recreation Department. I hereby release the Village of Rye Brook, their servants and employees from any liability for personal injuries or property damage sustained by my child/children, in connection with such participation. In case of injury, I authorize a Recreation Staff member to take my child/children to the hospital for treatment.

\_\_\_\_\_  
Parent/Guardian's Signature