

RYE BROOK RECREATION HEALTH AND REGISTRATION FORM

Please fill out form and return to the Recreation Department. Questions 1 through 6 are to be completed by your child's physician and Questions 7 through 13 is to be completed by a legal guardian.

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	SEX
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ADDRESS	CITY/STATE	ZIP CODE	PHONE #
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SCHOOL	Grade entering in Sept. 2023	E-MAIL
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ALL CHILDREN ATTENDING CAMP MUST HAVE AN UP-TO DATE IMMUNIZATION RECORD THAT INCLUDES THE FOLLOWING (PLEASE HAVE YOUR DOCTOR LIST THE DATES):

- | | <u>Date of shot</u> |
|---------------------------------------------------------------------------------------------------------------------|---------------------|
| 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. Two doses of Chicken Pox. | ___/___/___ |

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

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 pickup the child if necessary:

Name: _____ Address _____ Phone (-) _____

Child's Physician: _____ Address _____ Phone (-) _____

I hereby authorize my child/children whose name 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, Carver Center, 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. I hereby authorize my child to swim at the Carver Center, Port Chester, NY.

Parent/Guardian's Signature