

Last name of child: \_\_\_\_\_

# CONCORD PARKS & RECREATION DEPARTMENT CAMP INFORMATION FORM

**All information must be completed before the start of camp. Please print clearly!**

**About your child:**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/ Guardian Address: \_\_\_\_\_

Please note any behavioral information that will help us to work with your child( i.e. ADD, ADHD, shy, or anxious): \_\_\_\_\_

**Medical Information:**

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Please specify: \_\_\_\_\_

Is your child under a physician's care or currently taking medication on a continuing basis? \_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

**Please check both sections.**

<b>Camp:</b>	<b>Session:</b> <i>(check all that apply)</i>		
_____ Stay & Play (Gr.1+2)	_____ week 1	_____ week 5	_____ week 9
_____ Rec Camp (Gr.3-5)	_____ week 2	_____ week 6	
_____ Teen Camp (Gr.6-8)	_____ week 3	_____ week 7	
_____ Stay & Play (3rd-5th)	_____ Week 4	_____ week 8	
_____ Nature Camp			
_____ Explorers Camp			

I authorize the Concord Recreation Department staff to administer basic and temporary first aid to my child if necessary.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I give my child permission to attend field trips as part of their daily activities. I understand that field trip information will be posted prior to each trip.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to be treated by qualified medical personnel in the event of an emergency. It is understood that staff will make every attempt to contact the parents/guardians and /or emergency contacts as quickly as possible.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for my child to participate in swimming activities. My child \_\_\_\_\_ swim in water above his/her shoulders.  
( can / cannot )

I hereby give permission for my child to be photographed for department marketing purposes only: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**- (OVER) -**

Last name of camper: \_\_\_\_\_

# RELEASE AUTHORIZATION FORM

Special Release Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACTS:

In the event of an emergency and if the parents/guardian can not be reached, please contact in the following order:

**Contact #1:** \_\_\_\_\_

Phone #s: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Contact #2:** \_\_\_\_\_

Phone #s: \_\_\_\_\_ Cell: \_\_\_\_\_

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

I attest that the following people are authorized to pick up my child from the Concord Recreation Department Camp Programs. I understand that by listing their name, my child will be allowed to leave with only these individuals. ***Please include yourself and any other guardians. Proof of identification will be needed to release the child.***

Signed: \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

**Authorized Person #1** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Authorized Person #2** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Authorized Person #3** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Concord Parks & Recreation Department**  
14 Canterbury Rd  
Concord, New Hampshire 03301  
(603)225-8690  
  
www.concordparksandrec.com

