

The Town Of Scott Summer Recreation Program

Emergency Contact & Authorization Form

Participant

Name: _____ Date: _____

Address: _____

Age: _____ Birthday: _____ Grade: _____ Swimming Level/Ability: _____

Medical Information

Physician name: _____ Physician number: _____

Medical Conditions: _____

Allergies: _____

Medication: _____

The Town of Scott Program cannot administer any medication

Father/Guardian

Name _____ Telephone: _____

Address: _____ Cell Phone: _____

_____ Work number: _____

Mother /Guardian

Name: _____ Telephone: _____

Address: _____ Cell Phone: _____

_____ Work number: _____

Emergency Contact:

Name: _____ Telephone: _____

Address: _____ Cell Phone: _____

_____ Work number: _____

Parents email so we may contact you: _____

Authorization for Emergency Treatment of Minors

I, being the parent or legal guardian of the above named minor, do hereby appoint: The Town of Scott summer Recreation Program to act on my behalf in authorizing Emergency medical, dental, surgical care and/or hospitalization for the above named minor during the period of my absence during the above named field trip or program.

Parent or Legal Guardian's Signature: _____ **Date:** _____

General Permissions and Term (Town of Scott Summer Recreation Program abbreviation is- TOSSRP)

*I herby give my permission to TOSSRP to treat or get treatment for my child if any injury may occur while attending this program.

* I herby give my permission to TOSSRP to apply sunscreen and/or bug spray to my child when it may be needed. TOSSRP will not be responsible for providing sunscreen or bug spray.

*I herby give my permission to TOSSRP to take my child's picture to be used as needed.(Project, website and extra.)

*I herby give my permission to TOSSRP to transport my child on this program with the school bus and driver provided by Homer Central School. I also understand they may need to stop and get off the bus for a short period of time for lunch or so the driver may fuel the bus.

*I herby state I have read and understand all of the *Code of Conduct*. I and my child understand all that is expected of us and will abide to its terms.

* I herby understand that for any reason I may have to pick my child up from the program at anytime. I also understand in no way is this a daycare program but a privilege provided by my town and I and my child may be asked not to return.

I, the undersigned, parent/guardian of _____ herby for myself, my heirs, executors and administrators waive and release any and all rights, claims or damages you may have against the Town Of Scott, Cortland County, the recreation committee of the said town or their representatives, successors, and assigns for any and all injuries, illness, and loss or damage of personal property by the above named person while traveling to or from and participating in the program.

Sign: _____

Print: _____

Date: _____