

TOWN OF PORTER RECREATION

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_  
(in Sept.)

Parent/Guardian name \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Town of residence (circle one) PORTER LEWISTON WILSON CAMBRIA OTHER

**Medical information**

Child's Doctor \_\_\_\_\_ phone \_\_\_\_\_

List all current health problems. \_\_\_\_\_

List all medications taken regularly \_\_\_\_\_

List all food and other allergies \_\_\_\_\_

**Emergency contact - in case parent(s) are not available**

1.)Name \_\_\_\_\_ address \_\_\_\_\_

phone \_\_\_\_\_ relationship to child \_\_\_\_\_

2.)Name \_\_\_\_\_ address \_\_\_\_\_

phone \_\_\_\_\_ relationship to child \_\_\_\_\_

In an emergency situation concerning my child \_\_\_\_\_ (i.e. accident or sudden medical problem), I authorize the Town of Porter Recreation staff/volunteers to be my agent in obtaining emergency medical care. The 911 emergency team and emergency department staff of Mt. St. Mary's Hospital will be utilized..

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