

GLASTONBURY PARKS AND RECREATION DEPARTMENT  
**MUSIC & ARTS CAMP**  
CHILD INFORMATION/EMERGENCY CONSENT FORM

This form will provide Parks & Recreation staff with the information needed to care for your child in the event of an emergency. For your child's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

**ANY CHILD THAT ARRIVES WITHOUT A COMPLETED FORM WILL BE SENT HOME. THEY MAY RETURN WHEN THE FORM IS COMPLETED AND ON FILE.**

**CHILD INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Please provide us the name of the Parent/Guardian and where they may be **REACHED** during the program hours in case of a problem and/or emergency.

1) Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

2) Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

**OTHER CONTACT**

Please provide us the name of the person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Be sure to provide phone numbers where these people may be **REACHED** during the day.

1) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

2) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

**SPECIAL NEEDS**

In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Music & Arts Director to discuss any concerns you may have. You may email Keith Berry, Music & Arts Camp Director with any information you feel it is important for Camp to have prior to the start of camp, [musicartdirector@glastonbury-ct.gov](mailto:musicartdirector@glastonbury-ct.gov). (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

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**MEDICAL INFORMATION**

If your child is on any medication or requires medication in the event of an emergency (i.e. food allergy, asthma etc.) **YOU** must obtain and complete an **Authorization For Administration of Medication** form prior to the start of the program. Forms are available at Parks & Recreation Office or from our website ([www.glastonbury-ct.gov](http://www.glastonbury-ct.gov)) Click parks & recreation website, downloadable forms, medication).

Known Medical Conditions: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medication to be Administered: \_\_\_\_\_

**OTHER INFORMATION**

Use this space for any additional information that you feel might be helpful to the staff working with your child.

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**EMERGENCY INFORMATION**

In an emergency, I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If in the opinion of the Parks & Recreation program Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport.

If the situation permits, I prefer one of the following hospitals: \_\_\_\_\_

If the situation permits, I prefer one of the following physicians: \_\_\_\_\_

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for: Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ during my absence while my child is under the care of the Glastonbury Parks and Recreation program Staff.

I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_