



## Town Of Essex – Recreation Services Clubhouse Day Camp Registration Form

Camper Information			
First Name:		Last Name:	
Address:	City:	Postal Code:	
Date of Birth (MM/DD/YYYY):			Age:
Height:		Weight:	

Emergency Contact Information	
Name of Primary Caregiver:	Relationship:
Email Address:	Phone Number(s):
Name of Second Contact:	Relationship:
Email Address:	Phone Number(s):
Name of Third Contact:	Relationship:
Email Address:	Phone Number(s):
<input type="checkbox"/> Please check if you authorize the second and third contacts to pick up your child.	
Password Required for Pickup:	

Camper Medical Information	
Health Card Number:	
Doctor Name:	Doctor Phone Number:
<input type="checkbox"/> I give permission to the staff of the Town of Essex to treat injuries and/or seek medical treatment if required for the above child.	
<input type="checkbox"/> Please check this box if medication must be administered or if there are any special medical conditions or allergies. If this box is checked, please complete the form found on the back of this page.	
Signature of Primary Caregiver:	Date:



**Town Of Essex – Recreation Services  
Clubhouse Day Camp Medical Information Form**

<b>Camper Medical Conditions</b>	
Please list camper medical conditions other than allergies:	<b>Attach photo here.</b>
List any special care instructions or other important information:	

<b>Camper Allergies</b>
Please list allergies:
List any special care instructions or other important information:

<b>Camper Medication Log</b>	
Medication Name:	
Dosage/Instructions:	
Medication Name:	
Dosage/Instructions:	
Medication Name:	
Dosage/Instructions:	
<input type="checkbox"/> I give permission to the staff of the Town of Essex to provide the child listed on this form with his or her medication which he or she will administer themselves.	
Signature:	Date: