

TO BE COMPLETED BY THE PARENT

Child's Name: (Last)		(First)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth - -						
Child's Health Insurance Carrier:		Health Insurance ID Number		No health insurance							
Parent/Guardian Name:		Cell Phone:		Secondary Phone:							
Parent/Guardian Name:		Cell Phone:		Secondary Phone:							
I understand that my child is NOT considered registered unless the HRD has their immunization records on the date of registration.											
MEDICAL CONDITIONS											
My child does not have any medical conditions that might impact his/her health and well-being while attending the HRD summer camp. <input type="checkbox"/>			My child does have medical conditions that might impact his/her health and well-being while attending the HRD summer camp which is listed below. <input type="checkbox"/>								
<div style="display: flex; justify-content: space-between; padding: 5px;"> Chronic Medical Conditions: </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Medications/Treatments: </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Physical Activity Restrictions: </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Allergies: <i>If your child requires an epi-pen, provide one to the nursing director.</i> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Please list any allergies: </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> My child has an epi-pen <input type="checkbox"/> My child does not have an epi-pen </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Asthma: <i>If your child requires an inhaler, provide one to the nursing director</i> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> My child has asthma and has an inhaler. </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> My child has asthma and does not have an inhaler </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Special Medical Diet: </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> I will be providing my child with breakfast, lunch, and snacks daily. </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Special Care Plan/Modifications/Equipment Needs </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> THINGS YOU WANT US TO KNOW ABOUT YOUR CHILD'S MEDICAL CONDITION. </div>											

Preferred Physician: _____ Phone Number: _____

Hospital: _____

The Borough of Highlands has permission to contact first aid and can authorize hospital transportation on my behalf. Yes or No

GENERAL RELEASE & EMERGENCY MEDICAL TREATMENT AGREEMENT

I/We as parent(s) or legal guardian(s) for _____(name of minor) (hereinafter referred to as "Student"), hereby permit the Participant to participate in the Highlands Recreation Departments summer camp, and any activities associated therewith; to travel with a Highlands Recreation Department's Staff Member, Chaperone, Coach, or Volunteer to or from Highlands Recreation Department activities that may involve serious injury, including permanent disability and death. I/We further, as parent(s) authorize any Highlands Recreation Department Staff Member, Chaperone, Coach, or Volunteer, in his/her discretion, to obtain medical or emergency treatment for the participant.

In consideration for participation in the Highlands Recreation Department summer camp(s), I/We further, as parent(s) of Participant (a minor) on behalf of said Participant, as well as on behalf of myself/ourselves, hereby forever release, acquit, discharge and hold harmless Highlands Recreation Department, their officers, employees, agents, counselors, chaperones, coaches, helpers, aids, or assistants (hereinafter collectively referred to as "HRD") of any liability, claims, actions, causes of actions, lawsuits, or rights or claims for damages, including but not limited to, claims for Highlands Recreation Departments' negligent acts or omissions, relating to or in any way arising out of Participant's participation in the Highlands Recreation Departments' summer camp.

I/We understand that if my child should become ill or injured during the Highlands Recreation summer camp the Highlands Recreation Department, will

- (1) contact me immediately and
- (2) contact the person(s)

I have designated if I cannot be reached. Should the Highlands Recreation Department be unable to reach me and/or the person(s) designated, the Highlands Recreation Department is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I/We will accept all responsibility for payment of medical services rendered.

I/We have read, understand, and agree to all the above terms and conditions and have entered into the same of My/Our own free will and accord.

Parent Signature

Date