



Participant's Name _____ Birth Date _____ Age _____
Last First Middle

SHOULD THIS CAMPER HAVE ANY RESTRICTIONS PLACED UPON HIS/HER ACTIVITY?

SPECIAL ACCOMMODATIONS (please explain any special accommodations needed) _____

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Parent /Guardian Authorizations: The health history and all other information provided on this form is correct and complete as far as I know, and the participant herein described has permission to engage in all camp and other recreation activities except for the restrictions I describe on page 2, if any. I agree to abide by any restrictions I have described on page 2 or any other restrictions placed upon the participant by the City if the City deems any additional restrictions necessary based on information I have provided in this form.

I hereby give permission to The City of Dublin, Recreation Services to dispense prescribed medications listed on page 2 of this form, to administer first aid, and to seek emergency medical treatment when the City deems it necessary. I give permission to the City to arrange necessary related emergency transportation for hospital care. The City will use reasonable efforts to notify me (or if I can't be reached, my emergency contact) in the event of an emergency, but I understand and agree the City may need to administer first aid or arrange for medical transportation before contacting me depending on the nature of the medical emergency. This completed form may be photocopied for trips away from the main recreation site. I agree to the release of any information maintained by the City to third party medical personnel regarding the participant if needed to render such first aid or arrange for the provision of emergency medical treatment, including emergency medical transportation.

Signature of Parent/Guardian _____

Printed Name _____ Date _____

For religious or other reasons I chose not to sign this, and do not authorize treatment for the participant listed above.

Signature of Parent/Guardian _____

Printed Name _____ Date _____

Signing this box does not affect a participant's access to the program.

For staff use:

Staff review _____ Date _____ Time _____

Meds received _____

Any needs identified _____



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IMMUNIZATION HISTORY Provide the month and year for each immunization. Copies of immunization forms from health-care providers or state or local government are acceptable—please attach records to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)						
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) test <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:		<input type="checkbox"/> Negative <input type="checkbox"/> Positive	

Parent Handbook & Code of Conduct

I have read the Parent Handbook and understand the policies and procedures of this program. I agree to abide by the policies and procedures as outlined in the Parent Handbook, including the sign-in/out procedure, payment and refund policies, and late pick-up policies. I realize that failure to abide by these policies and procedures will result in the consequences outlined in the Parent Handbook up to and including cancellation of enrollment.

The City of Dublin, Recreation Services has established guidelines for parent/guardian interaction when dropping off or picking up participants from programs and/or during camp trips or other activities. While parent/guardian involvement is important and encouraged, we have a responsibility to protect other participants in the program. Our goal is to establish clear guidelines for parents/guardians regarding interactions with children other than their own. I have received, read, and understand the Parent Code of Conduct and agree to abide by all of the expectations stated in the Parent Code of Conduct.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Parents/Guardians: All of the information provided on ALL FOUR PAGES of this form is accurate and current to the best of my knowledge, and I agree to abide by the guidelines and recommendations outlined on ALL FOUR PAGES of this form. I understand that if I would like to make changes to this form I must present a driver's license or state issued identification card at the time the change is made. Only persons named as the custodial or secondary parent guardian are authorized to make changes to this form.

Signature of Parent/Guardian _____

Printed Name _____ Date _____