

Camp Attending: _____

Dates Attending: _____

EMERGENCY CONTACT FORM

Town of Brighton Recreation Department

- The following information must be completed **before** your child may participate in Camp.
- Please send a note if anyone other than those indicated below will be picking up your child.
- Prompt pick-up is expected.
- Please sign your child in/out each day.

CHILD'S NAME _____ Home Phone _____

Parent / Guardian Name _____ Preferred Phone _____

Parent / Guardian Name _____ Preferred Phone _____

Others who may be contacted in case of emergency:

Name _____ Day Phone _____

Name _____ Day Phone _____

Name _____ Day Phone _____

Others who are authorized to pick up my child:

Name _____ Day Phone _____

Name _____ Day Phone _____

Agreements:

No refunds will be given except when the child moves from the area or a doctor certifies illness of the participant. A \$10.00 administrative fee will be withheld on all refunds unless the program is cancelled.

In case of accident or injury, I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well being of my child.

I hereby release the Town of Brighton and any of its staff from any responsibility or liability from any connection with this activity. I also fully realize that I must provide proper hospitalization.

By signing below I agree to all above listed agreements.

Parent / Guardian Signature _____ Date _____

*Please bring this completed form with you to the first day of camp.
We must have this information before you can leave your child with us.*

Camp Attending: _____
Dates Attending: _____

BRIGHTON RECREATION DEPARTMENT
PLAYGROUND CAMP CONFIDENTIAL MEDICAL HISTORY

Child's Name _____ Age _____

School _____ Grade: _____

(For summer camp, please list the grade entering in the fall)

Birthdate ____ / ____ / ____

Parent / Guardian _____

Address _____ Zip Code _____

Preferred Phone _____ Cell Phone _____

Work Phone _____ Ext. _____

Emergency Contact _____ Phone _____

Doctor's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Current Immunization History is attached: Yes (For Summer Camp Only)

NYS Sanitary Code requires a current confidential medical history be on file for each camper prior to the start of camp. The immunization history must include the immunization dates against diphtheria, haemophilus influenza type B, hepatitis B, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox). This information will be kept secure, on site at each camp (immunization not required for recess camps).

The Playground Camp your child is participating in is required to be permitted to operate by the Monroe County Department of Health. This camp is required to be inspected twice yearly and inspection reports concerning this camp are filed at the Brighton Recreation Department, 220 Idlewood Rd. A complete NYS Children's Camp brochure may be found at: <http://www.health.ny.gov/environmental/outdoors/camps/docs/nyscamp.pdf>.

Please share with us any medical concerns or medical information about your child including medication taking, allergies or any behavior modification techniques that may be helpful to know (ie: point system, rewards etc...):

Parent / Guardian Signature _____ Date _____

*Please bring this completed form with you to the first day of camp.
 We must have this information before you can leave your child with us.*



BRIGHTON RECREATION DEPARTMENT

SELF SIGN OUT FORM

(Optional)

*Please fill this out **ONLY** if you want your child to be able to sign him/herself out from camp and walk home.*

I hereby give permission for my child _____ to sign him/herself out of camp. By doing so, I fully release The Town of Brighton from any and all responsibility for my child once they sign themselves out of the program. I also understand that students will not be allowed to sign themselves out until the end of the program, unless otherwise indicated on this form.

Students who are signed out of the program, must leave the building and school/camp grounds.

Signature: _____ Date: _____
Parent/Guardian

Earliest that student may sign themselves out, if before the end of camp: _____
(We will not release them until the time indicated above)

Please Print:

CHILD'S NAME _____ Home Phone _____

Child's Parent / Guardian _____ Day Phone _____

Child's Parent / Guardian _____ Day Phone _____