EMERGENCY CONTACT FORM
Town of Brighton Recreation Department

- Forms must be completed and returned **the week before** your child may participate in Camp. If you miss this deadline, please bring to Camp on child’s first day.
- 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** ________
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 return this completed form ONE WEEK prior to your camp. Otherwise bring it to camp their first day.
We must have this information before you can leave your child with us.
SUNSCREEN/INSECT REPELLANT APPLICATION PERMISSION FORM
(Required) Please fill this out and return.

I do hereby consent to authorize my child to apply or reapply sunscreen and/or insect repellant at a Brighton Recreation & Parks program. I understand that Brighton Recreation Staff is not permitted to apply sunscreen/insect repellant to participants. I also understand that I must supply the sunscreen/insect repellant and sunscreen/insect repellant may not be shared between campers. This sunscreen/insect repellant will be stored with the camper’s belongings (e.g. in his/her backpack).

CAMPER NAME: _____________________________________________

PARENT/GUARDIAN NAME: ___________________________ RELATIONSHIP TO CHILD: ____________

PARENT/GUARDIAN SIGNATURE: ___________________________________________ DATE: ____________

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. Leave blank if you do not want this option.

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 ____________