



# PEQUOSSETTE SUMMER RECREATION PROGRAM

149 Main St. • Watertown, MA 02472

Phone: (617) 972-6494 • Fax: (617) 926-6129

recreation@watertown-ma.gov • www.recreation.watertown-ma.gov

## Health Form

\*Your child will not be allowed to participate in the program unless this form is returned along with your child's **Physical and Immunization History** from a pediatrician.\*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #4: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Pediatrician Phone: \_\_\_\_\_

Please List Allergies, if any: \_\_\_\_\_

Please list any health conditions which may have an effect on child's participation in recreational activities:

\_\_\_\_\_

### Mandatory Authorization for Emergency Medical Care

I hereby give written authorization for Pequotsette Summer Program to provide emergency medical care to (child) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Must Sign*

*Must Date*

**Will your child require any medications during program hours this summer?** Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please complete the bottom half of this page. If no, please skip the bottom half of this page.)

### Authorization to Administer Medication

Name of Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Dosage Schedule: \_\_\_\_\_ No. of Days Given: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Quantity of Medication: \_\_\_\_\_ Storage Requirements: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_ Specific Precautions: \_\_\_\_\_

Specific Directions: (i.e. empty stomach, with water, etc.) \_\_\_\_\_

Prescriber: \_\_\_\_\_ Phone: \_\_\_\_\_

I give authorization for the Pequotsette Summer Program health supervisor to administer this medication to (child) \_\_\_\_\_

**Please Check:** Yes \_\_\_\_\_ No \_\_\_\_\_

I give my child, \_\_\_\_\_ permission to self-medicate, if the health supervisor determines that it is safe and appropriate.

**Please Check:** Yes \_\_\_\_\_ No \_\_\_\_\_

\* Please note that Pequotsette Summer Program is not regulated by the Board of Health as a Recreational Camp for children under 105 CMR 430.000