

Roving Rec on the ROAD Intake (Not to be used for Preschool or Day Camp)

Dates of Attendance: _____

Name: _____ Date of Birth: _____ Age: _____ Gender: M/F Hair Color: _____ Eye Color: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

e-mail: _____ Work Phone: _____ Cell Phone: _____

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

e-mail: _____ Work Phone: _____ Cell Phone: _____

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

ALTERNATE EMERGENCY CONTACT: _____

Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

e-mail: _____ Cell Phone: _____ Home Phone: _____

People Authorized to pick up child:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____

Doctor: _____ Office Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dentist: _____ Office Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Hospital: _____ Office Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Health Record: (Chronic or Recurring)

Ear Infections: ___ Diabetes: ___ Heart Disease/Defect: ___ Convulsions/Seizures: ___ Nose Bleeds: ___ Other: _____

Allergies: (Specify Nature and Reactions)

Hay Fever: _____ Insect Stings/Bites: _____ Drug Allergies: _____ Food Allergies: _____

Other: _____

Physical Limitations: ___ Yes No ___ If yes, please explain: _____

Dietary Limitations: ___ Yes No ___ If yes, please explain: _____

Behavior Considerations: ___ Yes No ___ If yes, please explain: _____

Vision Considerations: _____ Hearing Considerations: _____ Date of last Physical Exam: _____

Please attached a copy of your **IMMUNIZATION card** as the State of Colorado requires this for our program.

PARENT/GUARDIAN AUTHORIZATION FOR ROVING REC ON THE ROAD PARTICIPATION

Childs Name: _____

The aforementioned health history is correct and I understand that no Medication will be administered unless "Medication Authorization Sheet" is obtained, completed, signed by both the authorized physician and the parent/guardian and returned to the Roving Rec Staff. In the event that emergency medication is needed, the child cannot be left at camp/field trips until all forms are received with the medication.

I hereby give permission for the City of Northglenn Roving Rec on the Road staff to call for any emergency medical care from a doctor, hospital, or medical services to provide medical or surgical care for the above named child should an emergency arise. It is understood that the Roving Rec on the Road staff will make a conscientious effort to contact parents or emergency contact listed on this form when emergency action is taken.

I give permission for the City of Northglenn Roving Rec on the Road staff to administer sunscreen to my child in the event that they are not able to do so themselves. Sunscreen will be provided for planned outdoor activities. SPF 30 will be available.

The person described herein has my permission to participate and engage in all camp activities (which may include swimming, skating, hiking, pedal boating, field trips, and other activities which may involve certain risks except as otherwise noted here: _____.

Transportation will be provided by City of Northglenn Roving Rec on the Road Staff.

I agree to take full responsibility for my child or ward. I agree to indemnify and hold the City of Northglenn Roving Rec on the Road Staff and all auxiliary cooperating agencies involved in the activities and any other servants, agents, or employees free and harmless from any liability, loss, cost, or expense including attorney's fee which may result from participation in such activities. I agree to be solely responsible for payment of all costs associated with Roving Rec on the Road participation fee and all costs resulting from rendering of medical aid and/or ambulance service prescribed by qualified personnel.

I have received and read and understand the rules, guidelines, procedures and policies. I have gone over the material with my child and we agree to follow such as described in the parent information materials. By signing below I agree that I understand the statement made above and consent to the statements.

Parent Signature _____ Date _____

Printed Name _____