

Child Information and Emergency Contact

Child Name: _____

Address: _____

M/F: _____ Age: _____

Health History: Please check all that apply

___ Frequent Ear Infections _____ Heart Defect/Disease

___ Epilepsy _____ Allergies (Explain)

___ Diabetes _____

___ Asthma _____

___ Other (Explain) _____

If your child is allergies to bee stings, you must provide appropriate medication to be administered. Please indicate any special instructions to be followed for any of the above. Please be sure to also include any medications your child is taking.

Please notify Director if your child is exposed to any communicable disease prior to attending the recreation program.

Parent/Guardian Name: _____ Home # _____

Work # _____

Parent/Guardian Name: _____ Home # _____

Work # _____

Emergency contact if parent/guardian cannot be reached (**must have two**)

1) _____

Name and relationship to child

Address and phone number

2) _____

Name and relationship to child

Address and phone number

Parent/Guardian authorization: This health history is correct and complete. The child herein described has permission to engage in all prescribed camp activities unless otherwise noted. I hereby give my permission for the Shandaken Recreation Director, or designee, to act in my behalf in case of a medical emergency. I give my permission for my child _____ to attend the Town of Shandaken's Summer Recreation Program. She/he will be boarding the bus at the _____ bus stop.

****Forms will not be accepted at bus stops.**

Parent/Guardian Signature

Shandaken Summer Recreation Permission Slips

Camper Name: _____

Parent/Guardian Initial

My child will be attending the 7/29 trip to the Howe Caverns _____
\$10/person, child/chaperone, (Chaperone fee does not include gem mining)

I am interested in Chaperoning (one chaperone / family) _____

My child will be attending the 8/12 trip to Zoom Flume _____
Zoom Flume at \$10.00 per person; child/chaperone

I am interested in Chaperoning*(one chaperone / family) _____

*If you wish to drive yourself, and bring other people the group rate is \$19.99/ person, 7 and under \$17.99, 3 under Free. Also to be included #people and full price rates with application..

Please initial next to each activity your camper can take part in. Permission slip and CASH are due with application for camp. When paperwork and money are handed in on time things are organized and less hectic. Each camper needs his or her own permission slip. (Families cannot be combined on one.)

Parent/Guardian Signature

Contact Number: _____

mail completed forms to: Shandaken Rec.
PO Bx 134
Shandaken, NY. 12480
OR bring to Town Hall.
2209 Rt. 28 Shandaken