

RAYMOND RECREATION HEALTH & EMERGENCY INFORMATION FORM

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY

CHILD'S NAME _____ D.O.B. _____
Last First M.

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMAIL ADDRESS _____

DO YOU USE FACEBOOK? Y N Like our Raymond Recreation page for updates and information.

CHILD RESIDES WITH: MOTHER FATHER BOTH OTHER: _____

FATHER'S NAME _____ DAYTIME # _____ CELL # _____

MOTHER'S NAME _____ DAYTIME # _____ CELL # _____

ALLERGIES _____

PHYSICAL DISABILITIES/RESTRICTIONS _____

Please list at least two friends, neighbors or relatives who will assume temporary care of your child if you cannot be reached. **This will also be considered your approved child pick-up list.**

1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

3. NAME _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

DOES CHILD HAVE HEALTH INSURANCE? Y/N - NAME OF INSURANCE _____

In case of accident or serious illness, I request Raymond Recreation to contact me. If Raymond Recreation or its authorized representative is unable to reach me, I hereby authorize Raymond Recreation to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, Raymond Recreation may make whatever arrangements necessary.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE