

# TOWN OF JERICHO

Jericho Summer Recreation, P.O. Box 39, Jericho, VT 05465

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## TOWN OF JERICHO – SUMMER RECREATION PROGRAM

### *Medical Information and Consent Form*

Child's Name: \_\_\_\_\_  
(Last) (First)

Physician's Name, address and tel. #: \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Please indicate if any of the following apply to your child:**

~ Restricted from participating in any activities: N Y If yes, please list: \_\_\_\_\_

~ Breathing difficulty (e.g. asthma): N Y If yes, how severe? \_\_\_\_\_

~ Seizure disorder: N Y If yes, when was the last seizure? \_\_\_\_\_

**Reaction to/Allergic to:**

1) Insect Bites N Y (e.g. bees) If yes, list: \_\_\_\_\_ 2) Food N Y If yes, list: \_\_\_\_\_

3) Medications N Y If yes, list: \_\_\_\_\_ 4) Other N Y If yes, list: \_\_\_\_\_

**(If a condition noted in this category is subject to a severe allergic reaction, an *Emergency Health Care Plan* must be completed. \*See Policy on Health Care included in this registration form. \*)**

**Currently taking medication:** N Y

If yes, and you feel it is pertinent to camp please list what the medication is being prescribed for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(In case of illness/injury, this information is helpful to emergency personnel.)**

**I have reviewed, understand and agree to comply with the Town of Jericho Summer Recreation Program's Policy Regarding Health Care Issues for Campers.**

**My child is covered by our personal health insurance as stated on this form, and I release the Town of Jericho and the Summer Recreation Program Staff from liability should my child incur illness or injury(ies) while participating in the Program.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date