

Freeville Summer Recreation Program Emergency Contact Form

Child's Name _____

Parents / Guardians _____

If emergency treatment is necessary, your child will be transported to the nearest hospital.
Parents will be contacted in case of sickness or accident.

Emergency Contacts: (if parents are unavailable) in case of illness or injury

Name	Relation	Home #	Work #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I HEREBY GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE FREEVILLE SUMMER RECREATION PROGRAM. I UNDERSTAND THAT THE FSRP DOES NOT PARTICIPATE IN ANY MEDICAL INSURANCE PROGRAM. CHILDREN ATTEND AT THEIR OWN RISK WITHOUT LIABILITY TO STAFF, THE DRYDEN SCHOOL DISTRICT OR THE VILLAGE OF FREEVILLE.

PARENT / GUARDIAN _____ DATE _____

Freeville Summer Recreation Program Release Information

Medical/emergency treatment:

I give permission for my child _____ to receive first aid or CPR, if needed, from the Freeville Recreation Program First Responder.

Date: _____ Parent's Signature: _____

I am giving permission for the attending physician to give emergency treatment to my child. When using Cayuga Medical Center or Cortland Memorial Hospital,

Date: _____ Parent's Signature: _____

Field Trips

I give permission for my child, _____ to attend field trips with the Village of Freeville Recreation Program.

Date: _____ Parent's Signature: _____

A field trip schedule will be available on the first day of camp. There is no program for campers not attending field trips.

Sun Block

I give permission for my child, _____ to have sun block applied at the Village of Freeville Recreation Program.

Date: _____ Parent's Signature: _____
(parent/guardian should supply sun block)

Swimming

I give permission for my child, _____ to participate in swimming activities, when available, with the Village of Freeville Recreation Program. My child's swimming ability is:

_____ No previous swimming experience

_____ Limited experience. (no lesson; cannot tread water or float)

_____ Moderate experience (can tread water and float, can swim elementary front stroke).

_____ My child is a competent swimmer (can float, tread water, swim at least 2 strokes, can swim a full pool lap) Swimming activities will not take place every week. They will be scheduled as a field trip and will be listed on the field trip schedule.

Date: _____ Parent's Signature: _____

Freeville Summer Recreation Program Camper Pick-Up Authorization

I, _____, parent/guardian of _____, give the following people permission to pick my child up from the Freeville SRP with proper notification to camp staff:

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

I have notified the above individual(s) that photo identification will be required when picking up my child.

The following person(s) is not permitted to pick my child up from camp:

Name

Relationship

Name

Relationship

Parent/Guardian Signature

Date