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

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<th>Relation</th>
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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:

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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:

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__________________________________________  ________________________
Parent/Guardian Signature                      Date