Otisville-Mount Hope Summer Youth Recreation Program 2015

An Official Doctor's transcript with dates of your child's immunizations must be submitted with this application.

Registration-Medical Form			
Childs name:Last			Current Grade:
Last Birthdate:			
Childs name:Last			Current Grade:
Last Birthdate:			
Childs name:			Current Grade:
Last Birthdate:		First	
Parent or Guardian:			
Address:			
Email Address:			
Residents – Please check one : T	own of Mt. Ho	ope? V	Cell Phone:
*It is absolutely required to pro	vide 2 emerge	ency phone nu	mbers other than those listed above!
1. Emergency Name:			Phone:
2. Emergency Name:			Phone:
List any adult other adult who y released to anyone less than 18 y		to pick-up you	r child. Please note that children cannot be
Pediatrician:			Phone:
Medical History-PLEASE NOTE	any medical j	problems or co	mplications, i.e. chronic illness, asthma, etc.
Medical Problems or Illnesses:			
Allergies:			
Medications:			

^{**} All prescription medications MUST be accompanied by a Doctor's note presented by a parent or guardian to the Medical Director. Back of paper may be used for additional information.