Otisville-Mount Hope Summer Youth Recreation Program 2016

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

Registration-Medical Form			
Childs name:			Current Grade:
		First : Age:	
Childs name:			Current Grade:
I	Last	First : Age:	
Childs name:			Current Grade:
	Last Sex	First : Age:	
Parent or Guardian:			
Address:			
Email Address:			
Residents - Please check of	ne: Town of M	t. Hope?	Cell Phone: Village of Otisville?
*It is absolutely required	to provide 2 em	ergency phone n	umbers other than those listed above!
1. Emergency Name:			Phone:
2. Emergency Name:			Phone:
List any adult other adult released to anyone less tha			our child. Please note that children cannot be
Pediatrician:			Phone:
Medical History-PLEASE	NOTE any medi	cal problems or c	complications, i.e. chronic illness, asthma, etc.
Medical Problems or Illness	es:		
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.

^{***} A latch key program will be added to the program from 3-5 pm. Monday thru Friday for an additional \$300. A minimum student enrollment is 15 children otherwise the program will not be instituted.**