Otisville-Mount Hope
Summer Youth Recreation Program
2017

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:_____
Last First
Birthdate:_____ Sex:____ Age:_____

Childs name:_____,_____ Current Grade:_____
Last First
Birthdate:_____ Sex:____ Age:_____

Childs name:_____,_____ Current Grade:_____
Last First
Birthdate:_____ Sex:____ Age:_____

Parent or Guardian:_____

Complete Mailing _____
Address:
_____

Email Address:_____

Home Phone:_____ Business Phone:_____ Cell Phone:_____
Residents – Please check one: Town of Mt. Hope?_____ Village of Otisville? _____
If Non-resident: List school(s) the child(ren) attended:_____

***It is absolutely required to provide 2 emergency phone numbers other than those listed above!**

1. Emergency Name:_____ Phone:_____

2. Emergency Name:_____ Phone:_____

List any adult other adult who you authorize to pick-up your child. Please note that children cannot be released to anyone less than 18 years of age.

_____

Pediatrician:_____ Phone:_____

Medical History-**PLEASE NOTE** any medical problems or complications, 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.**