**GENERAL INFORMATION/ EMERGENCY FORM**

**PARTICIPANT NAME:**

**DATE OF BIRTH:**

**EMERGENCY INFORMATION:**

If Parent/ Guardian is not available, please notify:

**NAME: Relationship to Participant:**

**ADDRESS: PHONE #:**

**NAME: Relationship to Participant:**

**ADDRESS: PHONE #:**

**PARTICIPANT PHYSICIAN: PHONE#:**

**DENTIST/ORTHODONTIST: PHONE#:**

**INSURANCE CARRIER: POLICY #:**

**ALLERGIES:**

**CURRENT MEDICATIONS:**

***~ If a PARTICIPANT has an anaphylactic allergy/ asthma, please include a copy of the PARTICIPANTS Allergy/ Asthma action plan.***

**Sun and Bugs**: I understand that outdoor play is an integral part of Townsend Rec programs and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellant to my child before bringing him/her to Rec on FULL Days & to provide sunscreen/insect repellent/and topical anti-itch cream for FULL, LATE, HALF and DROP IN Days for my child. I give permission to Townsend Recreation staff to assist my child in re-applying sunscreen, insect repellent, and topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child’s body thoroughly every day and to remove any ticks that may become attached. am responsible to do a complete check upon my child’s return home.

Parent/Guardian Signature Date