



**TOWN OF GRANBY RECREATION DEPARTMENT
EMERGENCY CARD / STATEMENT OF HEALTH
2024 – 2025**

Child's Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
Mother's Name: _____ Father's Name: _____
Employer: _____ Employer: _____
Employer's Address: _____ Employer's Address: _____
Work Hours: _____ Work Hours: _____
Work Phone: _____ Work Phone: _____

Person other than parent to be notified in an emergency situation when parents are not available:
Name: _____ Address: _____ Phone: _____
Name(s) and relation to participant of person(s) other than parent to whom the child may be released:
1. _____ 2. _____

Field Trips: The Granby Recreation Department has my permission to take my child on any field trips away from the Day Camp grounds: Yes: _____ No: _____ Signed: _____

Specific Participant Medical Information

Past Illnesses – indicate those the child has had and provide approximate dates:
Chicken Pox _____ Rubella _____ Mumps _____ Rheumatic Fever _____
Asthma _____ Hay Fever _____ Diabetes _____ Whooping Cough _____
Epilepsy _____ Poliomyelitis _____ Other _____

Does this child have any physical or emotional condition that would hinder his / her participation in Granby Recreation Department Programs? Yes _____ No _____

Explanation of condition(s): _____
Allergies: _____

Medications: _____ Frequency: _____
Tuberculin test given? _____ Date: _____ Result: _____
Chest x-ray given? _____ Date: _____ Result: _____
Vision: _____ Hearing: _____
Physician: _____ Phone/Address: _____
Dentist: _____ Phone/Address: _____
Preferred hospital name/address/phone: _____
Health Insurance Company: _____ Policy Number: _____

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee of the Granby Recreation Department?
Yes: _____ No: _____

I hereby give permission to the Granby Recreation Department staff to secure emergency medical and/or surgical treatment for the above named minor child while in the care of above named day camp. All expenses of such care will be accepted by the parents / guardians.

Signature of Parent or Guardian Date