

**TOWN OF PLATTEKILL  
SUMMER RECREATION PROGRAM  
PO Box 45  
MODENA, NY 12548**

PLEASE PRINT, FILL IN ALL SECTIONS THAT APPLY

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY CONTACTS: NAME RELATIONSHIP PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

IMMUNIZATIONS: PLEASE ATTACH A CURRENT COPY OF IMMUNIZATION RECORD

ALLERGIES: Please list below any allergies we need to know of:

\_\_\_\_\_

Please list any medications taken in the last 6 months and for what reason:

\_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE: Any child who takes Ritalin or similar medication during the school year will be expected to continue to take the medication during the summer program.

SUMMER DAY CAMP RULES TO PARENTS: Read Carefully

I certify that my child is in good physical health and can participate in physical activities. I hereby give my permission for my child to attend the Plattekill Summer Day Camp, its trips and swimming program. I give permission for my child to be treated by the physician/emergency room on call for the day camp. I agree that my child will abide by the rules and regulations of the day camp and I will take full responsibility for the behavior and actions of my child while attending the camp. I understand that my child will be DISMISSED from the program for unacceptable or unsafe behavior.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date