



# Summer Park Program Child Awareness Form

**Tufts Park/Pool 449 Main Street, Medford, MA 02155**

Child's Name:

Date:

Week(s) Attending Camp:

<p><b>Allergies/Medications</b></p> <p>All epipens and medications need to be labeled with your child's name.</p> <p><b>**Disregard if your child has no allergies or medications**</b></p>	<p><b>Allergies:</b></p> <p><b>Epipen:</b>                      Yes / No</p> <p><b>Medications:</b></p>
<p><b>Contact/Pickup List</b></p> <p>The contacts listed are allowed to pick up my child from the program and can be notified if there is an emergency. The order of the list is the call order if contact is needed.</p> <p>Please bring an ID to first drop off/pick up</p>	<p><b>Person 1 Name:</b></p> <p><b>Person 1 Number:</b></p> <p><b>Person 2 Name:</b></p> <p><b>Person 2 Number</b></p> <p><b>Person 3 Name:</b></p> <p><b>Person 3 Number:</b></p> <p><b>**Optionally you can include your relationship to the child**</b></p>
<p><b>Camp Sunscreen</b></p>	<p>Yes / No</p>
<p><b>Photo Permission</b></p>	<p>Yes / No</p>
<p><b>Walker/Biker Permission</b> To and from program</p>	<p>Yes / No</p>

<p><b>Pool Restrictions during free swim:</b></p> <p>Please select one</p>	<p>Please limit swim time to the Wading Pool Only and have them wear a <b>RED</b> armband.</p> <p>Please have my child wear a lifejacket at all times during Open Swim (not during swim lessons). Child will wear a <b>YELLOW</b> armband</p> <p>Please have my child take the swim test. If they pass the test, please have them wear a <b>GREEN</b> armband. I understand if they do not pass, they will be required to wear a lifejacket.</p>
<p><b>Additional Information</b></p> <p>For additional support, please see the inclusion request form on the Medford Recreation Website</p>	

**Please return completed and signed form to  
MedfordRecreation@medford-ma.gov**

Guardian/Caregiver Signature:

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Date:

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