

# 2025 Summer Playground Medical

## Summer Playground Medical

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Please be sure that all contact information below is correct, rec staff must be able to reach you or whom you list as a contact during camp hours (9am-12pm) and or post camp trips/activities

## Parent/Guardian Contact Info

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Home Phone: (       )       - \_\_\_\_\_

Parent/Guardian 1 (Required): \_\_\_\_\_

Cell Phone 1 (Required): (       )       - \_\_\_\_\_

Other Phone 1: (       )       - \_\_\_\_\_  
*any other phone number we can use to reach you ex:work*

Parent/Guardian 2: \_\_\_\_\_

Cell Phone 2: (       )       - \_\_\_\_\_

## Emergency Contact Other Than Parent/Guardian

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Emergency Contact Name 1  
(Required): \_\_\_\_\_

Relation 1 (Required): \_\_\_\_\_

Phone 1 (Required): (       )       - \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_

Relation 2: \_\_\_\_\_

Phone 2: (       )       - \_\_\_\_\_

## Medical

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*Your child's personal medical information will be kept strictly confidential and will not be shared or posted unless deemed necessary. ex:allergies/dietary restrictions*

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**Allergies/dietary restrictions  
(Required):**

*if none indicate none*

**EPI Pen (Required):**

*(Select only one option)*

*If yes please be sure to send EPI pen with child's full name and grade as of Sept '24*

☐ Yes ☐ No

**Does your child receive accommodations or services in school? Please describe  
(Required):**

*if none indicate none*

**Other pertinent medical information (Required):**

*ex: surgeries, physical limitations.*

*If none indicate none*

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Send any and all medication labeled with child's full name and grade as of Sept 2025

## Agreement

ALL INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE.

My child is healthy and able to participate in all activities, unless further notice attached, and all immunizations are up-to-date. As parent or legal guardian, I authorize the RVC Recreation Dept. or one of its staff to request medical treatment as necessary to insure the well-being of my child.

**Parent/Guardian Name  
(Required):**

**Parent/Guardian Signature  
(Required):**

*use mouse to sign or finger if touchscreen*

**Date (Required):**

*Date must be in full format for system to accept it ex.01/02/2019*