



Q-CLUB SUMMER YOUTH PROGRAM

EMERGENCY INFORMATION CARD

*Information is confidential and will be retained by Queensbury Parks & Recreation Staff only
Please Note: Department staff will not dispense medication of any kind.*

Child's Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Grade (entering in fall): _____ Gender: M F (Circle)

Address: _____ Town/State/Zip: _____

EMERGENCY CONTACT INFORMATION:

1) Primary Guardian's Name: _____ Relationship To Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2) Secondary Guardian's Name: _____ Relationship To Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

3) Additional Guardian's Name: _____ Relationship To Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(CONTINUED ON BACK)

MEDICAL INFORMATION (Please check all boxes that apply):

Allergies: Bee Stings Food (specify) _____ Asthma Other (specify) _____

Conditions: ADD/ADHD Heart Condition Seizures Diabetes Other (specify) _____

List ALL medications that your child takes (including epipens & inhalers) _____

Will Your Child be bringing his/her epipen or inhaler to Q-Club? Yes No

IF YOUR CHILD WILL BE BRINGING THEIR EPIPEN OR INHALER TO Q-CLUB, PARENTS MUST PROVIDE WRITTEN PERMISSION FROM THE CHILD'S PHYSICIAN. Epipens/inhalers must be kept in their original containers (with patient's name, prescription fill date, precautions, storage requirements, expiration date, directions for use, pharmacy and physician names and numbers). It will be the responsibility of the camper to carry and secure his/her epipen or inhaler while at Q-Club.

Q-CLUB FIELD TRIP SWIMMING PERMISSION:

FOR ALL FIELD TRIPS THAT INVOLVE SWIMMING: I _____
PRINT PARENT/GUARDIAN NAME

GRANT PERMISSION FOR MY CHILD _____
PRINT CHILD'S NAME

TO ATTEND SWIMMING ACTIVITIES AS PART OF THE Q-CLUB FIELD TRIP PROGRAM. I UNDERSTAND THAT MY CHILD WILL PARTICIPATE IN A SWIM ASSESSMENT TEST CONDUCTED BY THE Q-CLUB AQUATICS DIRECTOR BEFORE SWIM ACTIVITIES TAKE PLACE.

PARENT/GUARDIAN SIGNATURE

DATE

Hold Harmless Agreement

The undersigned hereby agrees to indemnify, save harmless, and waives the Town of Queensbury, the Town Board, the Parks & Recreation Department, employees and volunteers thereof; for any responsibility should an accident or injury occur to the child as a result of participation in the Q-Club program, or while using school or recreation program facilities.

PARENT/GUARDIAN SIGNATURE

DATE