

Dear Parents/Guardians,

In order to finalize your registration for the program you are registering for, you must complete the attached medical form. After completion you must return this form to the recreation office prior to the first day of the session. Your child will not be able to start the program until this form is completed and returned. You can return it to the office in person, by mail to 47 Academy Avenue, Middletown NY 10940, Fax to 845-344-2918 or email it to rec-parks@middletown-ny.com.

Please understand that if this form is not in the Recreation and Parks possession when your child arrives at the program, they will not be able to stay and participate.

If you have any questions, please call us at 845-346-4180.

Thank you for your cooperation.

Secondary Accident Insurance is included In the fee.

Medical Information

Childs Name _____ Age _____ Birthdate _____
Address _____ Zip _____
Home Phone _____ Work _____ Cell Phone _____

Immunization Name	Date Immunized	Immunization Name	Date Immunized
Diphtheria /Tetanus (DTP)	___/___/___	Measles/Mumps/Rubella (MMR)	___/___/___
Poliomyelitis (OPV)	___/___/___	Varicella (Chicken Pox)	___/___/___
Hepatitis B	___/___/___	Hemo. Influenza type B (HIB)	___/___/___

Please inform us of any medications, allergies, or health concerns:

Emergency Contact Information

Name	Relationship	Phone Number
1. _____		
2. _____		

Parent or Guardian Certification: I certify that the applicant named above is in good health and has my permission to participate in the Middletown Recreation and Parks program. I also certify that the above information is true and accurate.

Parent Signature _____ Date _____