



Child Awareness Form

Summer Park Program

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

Child's Name: _____ Date: _____

Allergies	List:
Epi Pen	Check one: Yes: No:
The contacts listed below, are allowed to pick up my child from the Summer Park Program and be notified incase of an emergency. Please list based on the order to call: 1. _____ 2. _____ 3. _____ (Please bring ID at pick-up)	Phone Number: 1. _____ 2. _____ 3. _____
Medication(s) <i>(please bring to program labeled)</i>	List:
Camp Sunscreen Approved	Check one: Yes: No:
Additional Information	
Photo Permission	Check one: Yes: No:

<p>Walker/Biker Permission To and from Summer Park Program.</p>	<p>Check one: Yes: No:</p>
<p>Pool Restrictions during Open Swim <i>Please select one of the three choices.</i></p>	<p style="text-align: center;">Please limit swim time to the Wading Pool Only and have them wear a RED armband.</p> <p style="text-align: center;">Please have my child wear a lifejacket at all times during Open Swim (not during swim lessons). Child will wear a YELLOW armband</p> <p style="text-align: center;">Please have my child take the swim test. If they pass the test, please have them wear a Green armband. I understand if they do not pass, they will be required to wear a lifejacket.</p>

Parent/Guardian/Caregiver Signature: _____ Date: _____