

Thompson Recreation - Purely Recreation Authorization : 2023-2024

Child's Name _____ Start Date: _____ Grade/Teacher: _____

Parent/Guardian Names _____

Hold Harmless Agreement/Release

I, the undersigned, hereby give my son/daughter permission to participate in all activities at Purely Recreation Before and After School Program at Thompson Middle School, including field trips. In addition, I will hold harmless the Town of Thompson, the Recreation Commission, its members, agents, directors, and employees for any liabilities that may occur as a result of participation in said program. I understand that photos of my child may be used for promotional purposes. **I understand that my child may be asked to not attend due to non payment and that no refunds may be granted afterwards for withdrawal or missed days.** I understand there is a \$20 fee for checks returned to TRC by the bank and all payments thereafter must be made in cash. I give permission for my child to be treated for medical emergency if I am unavailable.

Parent/Guardian Signature

Date

Authorization for Release of a Child

Your child will be released only to the parents or guardians listed during online registration and to those named below. When the person arrives to pick up your child, he/she must show a picture I.D. to the staff on duty. Please include anyone who you may need to pick your child up in an emergency situation and make sure they understand the pick-up procedure and are prepared to present a picture I.D.

The following people also have my permission to pick up my child from Purely Recreation Before and Afterschool Program.

Name (other than parent)

Relationship to child

Phone

Three Names other than Parent/Guardian (please limit to 3)

1. _____

2. _____

3. _____

Parent/Guardian Signature

Date

Authorization for the Administration of Non-Prescription Topical Products by Thompson Recreation :

Instead of requiring each parent to supply sunscreen and/or insect repellent, we will be supplying these products at Purely Recreation After and Before School Program. We will be using **Bullfrog Mosquito Coast Sunblock with Insect Repellent**. If you wish for this product to be administered to your child at Purely Recreation Before and After School Program, please complete and sign below.

I hereby request that the non-prescription topical product Bullfrog Mosquito Coast Sunblock with Insect Repellent be administered to my child by a staff member of Thompson Recreation. This authorization is limited to the afore mentioned product. This product has been used on my child at least once before attending Purely Recreation Before and After School Program.

(Area of Administration-face, arms and legs only)

Parent/Guardian Signature

Date

Transportation Permission:

Thompson Recreation provides transportation for children located along specified bus routes. Transportation will be provided for special outings and programs. I grant permission for my child to be transported via school bus for the above purposes.

Parent/Guardian Signature

Date

Parent Handbook Acknowledgment

I acknowledge that I have read and comply with the procedures outlined in the **Parent Handbook** which may be found on-line or in the Recreation Office. I agree to review Camp Rules with my child prior to the first day of Purely Recreation Before & Afterschool Program.

Parent/Guardian Signature

Date

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Medical Information :

Does your child have any of the following :

Allergies : _____

REACTION: _____

EPI PEN : _____

CAREPLAN Received : _____

Food Allergies: _____

TYPES: _____

REACTION: _____

EPI PEN : _____

CARE PLAN Received : _____

INHALER: _____

SIGNS : _____

CAREPLAN Received : _____

Medical Information or Diagnoses Staff Should be aware of:

Does your child require medication during program hours ?? _____

If so, What medication: _____

AUTHORIZATION Form Received : _____

MED. ADMINSTRATION FORM Received : _____

Do you think your child would benefit from a behavior encouragement plan? This will help promote good behavior with positive reinforcement by using individual goals and critical thinking . These plans can help build positive behaviors and will increase communication.

YES OR NO

My Child will be attending : Full Time / Part Time

Days Attending : Monday Tuesday Wednesday Thursday Friday (Circle all that apply)

Able to Change Dates at start of each Session if needed

Paperwork Needed :

Physical & Immunizations / Hospital Medical Form / Authorization Form—Additional Forms as Needed

By signing this , as the Parent/Guardian you are agreeing to provide the necessary paperwork for registration and are confirming that all statements above are true.

Parent/Guardian Signature

Date