



Health / Pickup Authorization Form

This form **MUST** be completed and returned prior to June 14, 2010. If this form is not completed, your child may **NOT** be allowed to participate.

Last Name: _____ First Name: _____

Sex: _____ Age: _____ Birthday: _____ Phone #: ____ / _____

Address: _____
Street City State Zip

Father's Name: _____ Day Time Phone #: ____ / _____

Mother's Name: _____ Day Time Phone #: ____ / _____

Please list below three emergency contacts (other than yourself or your spouse) that we could call in the event of an emergency or illness and you can not be reached. These people must be able to pick up the child within a half hours notice.

1. Name: _____ Relationship: _____

Address: _____ Phone #: ____ / _____

2. Name: _____ Relationship: _____

Address: _____ Phone #: ____ / _____

3. Name: _____ Relationship: _____

Address: _____ Phone #: ____ / _____

Please identify any medical or emotional illness or disorder that would currently pose a risk to other children or which would currently affect the child's functional ability (physically & mentally) to participate safely: _____

Participants Name: _____

Does your child have any allergies?

Yes

No

If yes please explain: _____

Is this child taking prescription medication on a daily basis for chronic illness/condition?

Yes

No

If yes please explain: _____

As no Hafaday employee of the Westport Weston Family Y is allowed to administer medication, what provisions have you made to meet your child's needs?

Parent or Guardian Authorization for Hospitalization in the Event of an Emergency

This health history is correct so far as I know, and the person named above has permission to participate in all Hafaday summer swim program activities. Except as noted by the examining physician or me. If I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Westport Weston Family Y to hospitalize, secure proper treatment for, and order injections or anesthesia for surgery for the person named above.

Parent/Guardian Signature _____ Date: _____

If you have any questions or concerns, please contact the Hafaday Program Director. Please return this form to:

James Gray
Work Phone #: 203/226-8981 ext 128
Work Fax #: 203/454-4840
jgray@westporty.org



We build strong kids,
strong families,
strong communities.