

**MILFORD COMMUNITY SCHOOL USE PROGRAM  
February or April Vacation Kids Kamp**

NAME:	GRADE:
CIRCLE:        MALE        FEMALE	HOME PHONE:
ADDRESS:	
FATHER'S NAME:	WORK PHONE:
	CELL PHONE:
MOTHER'S NAME:	WORK PHONE:
	CELL PHONE:
FAMILY PHYSICIAN:	PHONE:
INSURANCE COVERAGE:	

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

Is your child currently enrolled in the EXTENDED DAY PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list any friend(s) attending that your child would like to be placed with:

\_\_\_\_\_

OTHER EMERGENCY CONTACTS (other than parents):        **\*\*MUST HAVE AT LEAST ONE\*\***

NAME:	PHONE:
	PHONE:
NAME:	PHONE:
	PHONE:

Is there anyone NOT AUTHORIZED to pick up your child? (please list names)

\_\_\_\_\_

Does your child have any handicaps, physical or emotional, or allergies, which the Milford Community Program should be aware of? (please list and explain)

\_\_\_\_\_

In case of emergency, and we are unable to reach you or your physician, may we send your child to Milford Regional Medical Center for emergency treatment? YES \_\_\_\_\_ NO \_\_\_\_\_

I, the undersigned, as parent/guardian of \_\_\_\_\_, a minor child, do hereby permit Milford Regional Medical Center and its physicians to perform on this child any procedure or treatment as may be deemed necessary in an emergency situation.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

I/We the parent(s)/guardian(s) of \_\_\_\_\_, a participant in KIDS KAMP, hereby give my/our approval to his/her participation in any and all Milford Community School Use Program activities during the current year. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Milford Community School Use Program, the town of Milford, the organizers, supervisors, sponsors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_