



Macomb Township Parks and Recreation Department
 20699 Macomb Street (586) 992-2900
Tadpole Town Child Watch Room
Medical and Registration Form



Child's Name: _____

Male _____ Female _____ Birthdate: ____/____/____ Age _____

Diaper Changing Policy (please initial): FOR EMERGENCY SITUATIONS ONLY

_____ I understand that the staff of Tadpole Town Child Watch Area is not permitted to change my child's diapers. In the event my child's diaper requires changing during their visit, I will be contacted to report to Tadpole Town.

Parent or Guardian Information:

Mother's Name _____ Phone (H) _____ (W) _____ (Cell) _____

Father's Name _____ Phone (H) _____ (W) _____ (Cell) _____

Other/Guardian _____ Phone (H) _____ (W) _____ (Cell) _____

Child's Address _____

City/State/Zip _____

IN CASE OF AN EMERGENCY SPECIFY AUTHORIZED PERSONS TO PICK UP YOUR CHILD:

Name _____ Relationship _____ Phone _____ Alt. Phone _____

Name _____ Relationship _____ Phone _____ Alt. Phone _____

Does the participant have any disabilities, physical conditions or behavioral concern the staff should be aware of:

_____ No
 _____ Yes, please explain: _____

Does your child require any accommodations, special assistance or auxiliary aids?

_____ No
 _____ Yes, please explain: _____

- Attention Deficit, Sensory Impairment (i.e. vision, speech, hearing).
- Allergies – bees, penicillin, foods, hay, other

Also, please list any and all prescription medications (i.e. Ritalin) currently being taken:

Are you up-to-date on all immunization shots: yes no _____

Other Conditions/Needs: _____

In the event of reasonable attempts to contact the authorized persons have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by emergency medical squad, Dr. _____ (preferred physician), or, in the event the designated practitioner is not available, by another licensed squad, physician or dentist, and the transfer of said child to _____ (preferred hospital) or any hospital reasonably accessible. This does not cover major surgery unless the medical opinions or two other licensed physician or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

I have read all of the above statements and all of the policies of the Tadpole Town Child Watch Room and promise to abide by them and understand that for my child's safety and guardians' peace of mind children may be video taped.

Parent/Legal Guardian Signature

Date