



Carmel Clay Parks & Recreation (CCPR) Info Form

2016-17 Extended School Enrichment & 2017 Summer Camp Series



CHILD/WARD NAME

_____	_____	_____	_____	_____
Last	First	M.I.	Child's/Ward's School	Grade Level ('16-'17)

HEALTH HISTORY & INFO

Allergies? Yes No If yes, please specify: _____

Dietary Restriction(s)? Yes No If yes, please specify: _____

Medical Condition(s)? Yes No If yes, please specify: _____

Current Medications (please specify): _____

Physician's Name: _____ Physician's Phone #: _____

Dentist's Name: _____ Dentist's Phone #: _____

Insurance Policy: _____ Insurance Group/Policy #: _____

Preferred Hospital: _____ Immunization Date (most recent): _____

Swim Level: Beginner Intermediate Advanced

REASONABLE MODIFICATIONS (n/a if your child/ward does not have a 504 plan or IEP during the school year)

504 Plan IEP Other (please specify modification): _____

- If your child/ward is on a 504 plan or IEP, CCPR staff will assess your child/ward to determine if additional support is required for participation in a CCPR Program.
- If it is determined that additional support is required for your child/ward, within 30 days from the assessment date, CCPR staff will facilitate a support system to assist your child/ward in general programming. Participation in a CCPR Program may not begin until CCPR staff assigns a staff member to your child/ward.
- To schedule your child's/ward's assessment please contact Aimee Rich, Inclusion Supervisor, at 317.843.3866 or arich@carmelclayparks.com.

This form is part of the 2-page CCPR Program Participant Agreement – Release & Indemnity. Check box below next to name of authorized person who is a CCPR employee with whom you have arranged private caregiving services for your child/ward.

PICK-UP AUTHORIZATION (please list authorized persons' names as listed on his/her photo i.d.)

List all persons authorized to pick up your child/ward. Authorized persons must have photo i.d. available. Your child/ward will not be released to anyone not on this list. Any changes to this list must be made in person. Anyone on the list must be at least 16 years old. In addition to myself, the people named below are authorized to pick-up my child/ward from the CCPR Program.

<input type="checkbox"/>	_____	_____	_____	_____	_____
	Authorized Pick-Up Person's Name	Relationship	Cell Phone #	Work Phone #	Home Phone #
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Authorized Pick-Up Person's Name	Relationship	Cell Phone #	Work Phone #	Home Phone #
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Authorized Pick-Up Person's Name	Relationship	Cell Phone #	Work Phone #	Home Phone #
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Authorized Pick-Up Person's Name	Relationship	Cell Phone #	Work Phone #	Home Phone #
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Authorized Pick-Up Person's Name	Relationship	Cell Phone #	Work Phone #	Home Phone #
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Authorized Pick-Up Person's Name	Relationship	Cell Phone #	Work Phone #	Home Phone #

PERSON COMPLETING FORM (as listed on photo i.d.)

_____	_____	_____	_____	_____
First & Last Name	Relationship to Child/Ward	Cell Phone #	Work Phone #	Home Phone #

Please submit to your child's/ward's ESE Site Supervisor (contact info at <http://carmelclayparks.com/ese/esecontacts/>)