

# 2021 SHARON RECREATION MASSAPOAG SPORTS/SAILING PROGRAM MEDICAL FORM

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Program Child Attending: \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Participating Hospital \_\_\_\_\_  
 Special Instructions \_\_\_\_\_

Has your child required additional services in school for behavioral/emotional support?  Yes  No  
**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FIRST AID:** I give the Sharon Recreation Department permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health. If parent/guardian cannot be reached, I give the Recreation Department permission to contact the emergency contacts listed above.  
 Yes  No

\_\_\_\_\_  
 X Parent Signature

\_\_\_\_\_  
 X Date

**INFORMATION BELOW THIS BOX:** TO BE COMPLETED BY PHYSICIAN or printout from your child's most updated physical and immunization record. The printout must be on physician or practice letterhead OR contain physician's/practice's logo.

**Has the child/adolescent ever had:**

Frequent ear infections	<input type="radio"/> Yes	<input type="radio"/> No		Pneumonia	<input type="radio"/> Yes	<input type="radio"/> No
Bronchitis	<input type="radio"/> Yes	<input type="radio"/> No		Surgery	<input type="radio"/> Yes	<input type="radio"/> No
Kidney problems	<input type="radio"/> Yes	<input type="radio"/> No		Hospitalization	<input type="radio"/> Yes	<input type="radio"/> No
Heart Problems	<input type="radio"/> Yes	<input type="radio"/> No		Broken Bones	<input type="radio"/> Yes	<input type="radio"/> No
Convulsions	<input type="radio"/> Yes	<input type="radio"/> No		Chicken pox	<input type="radio"/> Yes	<input type="radio"/> No

If you answered "Yes" to any of the questions above, please explain:

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Restrictions to activities: \_\_\_\_\_

Comments: \_\_\_\_\_

Special Notice, i.e. Medic Alert: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ HC \_\_\_\_\_

\_\_\_\_\_ BP \_\_\_\_\_

Abnormal Findings  No Finding

Immunization & Dates:

DPT DT Td	MMR	Last TB Date	Type	Polio: Oral Inactive
1. _____	1. _____		Result	1. _____

2. _____	2. _____	Last Lead Date	Result	2. _____
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3. _____				3. _____
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4. _____				4. _____
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5. _____	HepB	Last Hgh/Hct Date	Result	5. _____
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1 2 3

HiB

Flu \_\_\_\_\_

Varicella \_\_\_\_\_

_____	1 2
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3 4

COVID & Dates: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

# MASSAPOAG SPORTS/SAILING PROGRAM- 2021 DISMISSAL FORM

Participant Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Please read the following dismissal form carefully. Fill out any and all parts that are applicable to your child's dismissal from a Sharon Recreation Program. Please note, your child WILL NOT be released without this signed form.

I. DISMISSAL FROM GAURDIANS AND AUTHORIZED PERSONS

- I authorize my child to be dismissed by their guardians and/or other authorized persons. All authorized persons understand that pick up is at 4pm. Guardian and other authorized persons for pickup are below:

Name:

Relationship to Child:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

II. SELF-DISMISSAL

- I authorize the Sharon Recreation Department's program counselors to let my child be able to sign themselves out of the program so they can walk home and/or ride their bike. At no time will I hold the Sharon Recreation Department liable for my child's whereabouts after 4:00pm. Please note any specifications below:

\_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

## Christian's Law Disclaimer

Based on Massachusetts General Law (M.G.L.) c. 111, §127A½, commonly referred to as "Christian's Law", and the Massachusetts Department of Public Health's (Department) previously issued guidance on Christian's Law, the Department has promulgated regulation 105 CMR 432.000: "Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps", effective May 5, 2017.

I understand swim tests shall be conducted under close supervision and without the use of a Personal Flotation Device (PFD).

Yes

I understand if my child does not pass the administered swim test, s/he must wear a PFD into Lake Massapoag. If s/he does not want to wear a PFD, s/he will not be allowed to swim.

Yes

I understand Personal Flotation Devices (PFDs) provided by a parent or guardian need to be U.S. Coast Guard (USCG) certified according to type (I, II, III), size, and buoyancy, in serviceable condition and properly fitted to each individual prior to being used for the first time.

Yes

I understand if, at any time, the PFD provided by a parent or guardian is determined to not be properly fitting, or is damaged or otherwise not in serviceable condition Sharon Recreation shall immediately notify the parent or legal guardian who provided the PFD. In such case, the minor shall not be allowed to participate in any swimming/bathing activity pending verbal permission from the parent/legal guardian for the minor to be properly fit tested for a PFD provided by the municipal or recreational program or camp. Any verbal permission shall be subsequently documented in writing within 24 hours, and, at a minimum, provide the date, time and name of the parent/guardian who provided permission.

Yes

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date