Hamlin Recreation

Authorized Pick Up Form

Before & After School • School Break Camp • Summer Camp

Child Information

Name: _____ Date of Birth: _____

Home Address: _____

Parent/Guardian Name(s): _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Medical Information

List any allergies, medical conditions, medications, special needs, or health concerns we should be aware of:

_____

_____

A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IS REQUIRED TO BE ON FILE.

Authorized Pick-Ups & Contacts

Please list anyone you would like Hamlin Recreation to contact regarding your child.

- Authorized Pick-Up – This person may pick up your child when you notify Hamlin Recreation that they will be doing so.
- Emergency Contact – This person may be contacted if we are unable to reach a parent/guardian during an emergency.
- The same person may serve both roles.

Name	Relationship	Primary Phone	Authorized Pick-Up	Emergency Contact
	Parent/Guardian		☐	☐
	Parent/Guardian		☐	☐
			☐	☐
			☐	☐
			☐	☐

Parent/Guardian Acknowledgement

I certify that the information above is accurate. I understand it is my responsibility to notify Hamlin Recreation promptly of any changes to contact information or authorized individuals. I understand that identification must be brought daily.

Parent/Guardian Signature: _____

Date: _____

Standard Waiver

I assume all risk and hazards incidental to the conduct of the activities listed below, and do hereby further release and hold harmless the Town of Hamlin & the Town of Hamlin Recreation and Parks Department staff and volunteers. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself/child when normal permission is unavailable. I certify that I/my child are in good physical health and have no limitations other than those listed above which may predispose me/my child to risk during the listed programs. I also fully realize that I must provide proper medical and hospital coverage. The Town of Hamlin does not provide accident insurance coverage. I understand that I must come into the program location to drop off and pick up my child. Refunds will be given to anyone canceling from an activity at least one week (5 working days) prior to the start of the program. There is no refund for any program once it has begun unless it is cancelled by the Recreation Department or in the event of illness or injury and a doctor's note is provided. Refunds may be pro-rated minus the cost of uniforms and supplies. I give permission to Hamlin Recreation to print my son/daughter's name and/or image in new publications and/or on display.

Permission to Treat

I have provided information on my child's special needs to assist the program in caring for my child. I give permission to treat my child with first aid when necessary. CPR and First Aid certifications of the day care staff are located on site and can be viewed by me, if I so choose.

Transportation Agreement

Occasionally on days off from school, Hamlin Recreation plans field trips and off-site activities for the children coming to School Break Camp. Parents will always be notified prior to anytime their child goes to an off-site location. They will be made aware of the location of the field trip, and both pick up and drop off times. Anytime the children need to be transported somewhere, we will use a Hilton Central School bus, driven by an employee of the HCSD bus garage.

I hereby give permission for transportation on the bus by the Hilton Central School District for field trips which may occur on holiday breaks, or days off school.

***Parent/Guardian Signature*: _____Date:_____**

HAMLIN RECREATION

OTC TOPICAL PRODUCT AUTHORIZATION

Sunscreen • Lotion • Petroleum Jelly • Insect Repellent • First-Aid Ointments

Child's Name		**Date of Birth**	
Parent/Guardian		**Phone**	

IMPORTANT – HOW OTC TOPICAL PRODUCTS MAY BE USED

Hamlin Recreation staff do not administer medication. For routine use of sunscreen, lotion, petroleum jelly, insect repellent, and similar OTC topical products, the child must be able to apply the product independently. Staff may not apply these products to the child.

Exception: OTC first-aid ointments (such as Neosporin or similar products) may be applied by staff when reasonably necessary as part of first aid, consistent with Hamlin Recreation's medication policy and the directions for use on the product.

PARENT/GUARDIAN AUTHORIZATION

I authorize Hamlin Recreation to permit my child to use the OTC topical products selected below during program hours, subject to the requirements described above. I understand that routine topical products must be applied by my child independently. I will provide products in their original, labeled containers and will notify Hamlin Recreation if the product or instructions change.

OTC Topical Product	Authorize		Special Instructions / When to Use
Sunscreen	☐ Yes	☐ No	
Lotion / Moisturizer	☐ Yes	☐ No	
Petroleum Jelly (Vaseline or similar)	☐ Yes	☐ No	
Insect Repellent	☐ Yes	☐ No	
First-Aid Ointment/Spray (Neosporin, Bacitracin, or similar)	☐ Yes	☐ No	
Other:	☐ Yes	☐ No	

For first-aid ointments: Staff may apply the authorized ointment when needed for a minor first-aid situation. Parents/guardians will be contacted as appropriate under program procedures.

Additional Instructions: _____

_____

Parent/Guardian Signature		**Date**	

This authorization remains in effect until revoked in writing or until the end of the program.