

Birth Date _____

**TEEN CENTER INFORMATION CARD
(Required for Teen Access Pass)**

Student's Name _____
Last First Middle

Address _____ Home Phone _____

City _____ Child Lives with: Mother Father Both Other

***To serve your child in case of accident or sudden illness, it IS necessary that you furnish the following information for emergency calls:**

Name: _____ Work # _____ Cell# _____
Mother

Name: _____ Work # _____ Cell# _____
Father

Address if different from above: _____

***Please list two other contacts who will assume temporary care of your child if you cannot be reached:**

Name: _____ Home Phone _____ Cell# _____

Name: _____ Home Phone _____ Cell# _____

***HEALTH INFORMATION:** List any health condition such as heart disease, epilepsy, severe allergies, sight or hearing problems, or any chronic problems:

DOCTOR: _____ PHONE: _____

HOSPITAL CHOICE _____ PHONE: _____

I, the undersigned, do hereby authorize officials of the Rocky Hill Parks & Recreation Department to contact directly the persons named on this card, and do authorize the named physician to render treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physician, other persons named on this card, or parents cannot be reached, the department officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

I verify that my child permanently resided in the Town of Rocky Hill at the address stated on the front of this card.

CHECK ONE:

I authorize Parks & Recreation Department officials to allow my child to leave Teen Center based on my written request.

I do not allow my child to be released early from Teen Center.

Student's name

Signature of Parent or Guardian

Date