



MEDICAL FORM 2010

PRE SCHOOL/PRIME TIME SUMMER ARTS

(In Association with MRCA)

14 South Park Street, Montclair, NJ 07042 www.smapa.org Tel: 973-655-9819 Fax: 973-655-9829

COMPLETION OF THIS FORM IS REQUIRED BY LAW.

THIS FORM MUST BE RETURNED BY JUNE 1, 2010.

Child's Name _____ Age _____ Date of birth ____/____/____

Indicate Month & Year of Immunization Against:

Diphtheria (DPT) ____/____ Tetanus ____/____ Pertussis ____/____

Polio ____/____ Measles ____/____ Rubella ____/____ Mumps ____/____

Is Child Susceptible To:

Fainting ____ Convulsions ____ Motion Sickness ____ Eye & Ear Infections ____

Food To Which Child is Allergic: _____

Does Your Child Carry an EpiPen? _____

Any Activity In Which Child Should Not Participate: _____

Any Special Problems or Characteristics of Which Your Child's Instructor Should Be Aware?

Doctor's Name _____ Telephone # _____

Person To Contact In Case of Emergency: _____

Relationship To Child: _____ Telephone # _____

In order to meet all legal requirements, I hereby authorize representative(s) of the Montclair Parks and Recreation Department and SMAPA, Inc. to give consent for any and all necessary emergency medical care for my child while said child attends the program.

Parent/Guardian Signature

Date

Telephone #

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