

Parent/Health Consent Form

Return to:

Great Neck Public Schools
Joseph Loria-Recreation Office
345 Lakeville Road
Great Neck, New York 11020

**Please complete program registration and provide pertinent medical information/records.
Complete a separate form for each child attending the program.**

PLEASE PRINT:

Program Name _____

Student's Name _____ Cell Phone # _____

Address _____ Home Phone # _____

School _____ Current Grade _____

Emergency Contact Name _____ Emergency Contact # _____

Alternate Contact Name _____ Alt. Emergency Contact # _____

Medical/Health Information:

Date of Last Physical Exam (must be valid through the end of the program) _____

Medical/Health Concerns _____

Physical Restrictions _____

Allergies _____

Physician's Name _____ Phone # _____

⇒ Parent/Legal Guardian Signature _____ Date _____