TOWN OF NEWINGTON

131 Cedar Street Newington, Connecticut 06111

John Salomone
Town Manager

Parks & Recreation Department

Bruce Till
Superintendent

Supplemental Registration Information for Participants with Allergies, Special Needs and/or Disabilities

Participant's Name: _____ Date of Birth: _____

Program ID: _____ Program Name: _____

Please check the appropriate areas and describe each. Additional forms are required for participants attending **Summer Playgrounds, Playground Pals and/or Summer Music** who have allergies and/or plan to self-medicate during the program.

☐ **Allergies** _____

_____

The "Allergy Action Plan" form must also be completed for participants who are attending the programs listed above

☐ **Special Needs** _____

_____

☐ **Special Equipment** _____

_____

☐ **Medication** _____

_____

** The "Authorization to assist Program Participants in Self-Medication" form must also be completed for participants who are attending the programs listed above.**

☐ **Disabilities** _____

_____

☐ **Behavioral Issues** _____

_____

Please provide any additional information, restrictions or safety concerns that may be shared with our staff: _____

_____

_____

_____

_____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

24 Hour Program Information: (860) 665-8686 Phone: (860) 665-8666 Fax: (860) 665-8739
parkandrec@newingtonct.gov
www.newingtonct.gov