

DAY CAMP IN THE PARK MEDICAL FORM

Please attach your child's physical exam form from the doctor and a copy of his/her immunization record.

Please thoroughly answer the questions on this form

Name of Camper _____ Sex _____ Birth Date _____
Last First

Home address _____
Street address City State Zip

Custodial parent/guardian _____ Phone (_____) _____
Area code

Mother's work phone #(_____) _____ Father's work phone #(_____) _____
Area code Area code

Emergency contact person _____ Relationship _____

Emergency contact phone #(_____) _____ Parent's cell phone #(_____) _____
Area code Area code

Insurance Information

Is the camper covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Policy number _____

Name of insured _____ Relationship to camper _____

Check box if your child has any allergies. Please provide specific information below.

ALLERGIES List all known:

Medication allergies (list)

Describe reaction and management of the reaction

Food allergies (list)

Other allergies (list)

Include insect stings, hay fever, asthma, etc.

Check box if your child takes any medications. Please provide specific information below.

MEDICATION BEING TAKEN

Please list ALL medications (prescription and over-the-counter) taken routinely.

This person takes medication as follows:

Med. #1 _____ Dosage _____ Specific times taken each day _____

Med. #2 _____ Dosage _____ Specific times taken each day _____

Identify any medications taken during the school year that participant does/may not take during the summer:

Medication not taken in the summer: _____

**Please fill out the information on the back of this form.
Physical Examination must be after Aug. 31, 2009**

RESTRICTIONS Explain any restrictions to activity (e.g., what cannot be done, or limitations necessary)

IMMUNIZATION RECORD Please attach a copy of the participant's immunization record that includes the dates, and vaccines. DPT, TD, Tetanus, Polio, Measles, Rubella, Hepatitis B, etc.

To Ken Glotzer:

I hereby give my consent to allow the staff of any duly licensed hospital or physician to provide routine health care, emergency treatment, administer prescribed medication and nonprescription medication for my child so that his/her health and safety may be maintained. Permission is hereby granted to Day Camp In The Park to take my child on trips out of camp. This completed form may be photocopied for trips out of camp.

I understand that the use of the camp's facilities involves terrain, activities and group arrangements and interactions that may be new to campers, and that they come with risks and uncertainties beyond what they may be used to dealing with at home or at school. I realize that no environment is risk-free, and so I have instructed my child(ren) on the importance of abiding by the camp's rules, and I represent that he or she is familiar with these rules and will obey them.

Parent's signature X _____ Date _____

Note: All camps are required to be licensed by the Orange County New York State Department of Health and Day Camp In The Park is licensed by that department. It is inspected at least twice a year by the State and a copy of each inspection report is on file at the Orange County Department of Health 124 Main St, Goshen NY 10924. The State Department of Health regulations require the camp to keep up-dated immunization record on file at camp for each camper. Your health form will not be completed unless there is a documented record of completed immunization.
Camp medical insurance will cover medical bills caused by accident in cases which are not payable under any other insurance that you presently carry.

Note: This form is due two weeks before the start of the season. No child can be accepted for camp without a health history with an immunization record and medical form.

Please do not e mail these forms.

**Please return
this form to:**

**Ken Glotzer
6 Kendall Dr.
New City, NY 10956**

Physical Examination must be after Aug. 31, 2009