

2010 DAY CAMP HEALTH FORM

LaGrange Recreation
120 Stringham Road
LaGrangeville, NY 12540

Phone 452-1972
Fax 452-6563

Session(s) Child is Attending
Session 1 (Please check)
Session 2
Session 3

Must be completed to attend camp. Immunization records required. For LaGrange Residents Only.

Name Birth Date Sex Age

Parents or Guardians Phone:

Mom's Cell: Dad's Cell: E-Mail:

Home Address Street & Number City State Zip Code

Father's Business Address Phone

Mother's Business Address Phone

If not available in an emergency, notify:

Name Relationship Phone

Address Street & Number City State Zip Code

Health History: (Check - giving approximate dates)

- Frequent Ear Infections
Heart Defect/Disease
Convulsions
Diabetes
Bleeding/Clotting Disorders
Hypertension
Mononucleosis
Asthma
Hay Fever
Ivy Poisoning
Insect Stings
Penicillin Sensitivity
Other Drugs
DISEASES
Chicken Pox
Measles
German measles
Mumps

Operations or Serious Injuries (dates)

Disability or Chronic or recurring illness

Any specific activities to be encouraged or limited by physician's advise:

Can this child go underwater?

Dietary Modifications:

Current Medications (send with instructions):

(For Females): Has this person menstruated? If not, has she been told about it?

If so, is her menstrual history normal? Special Consideration:

Name of Dentist/Orthodontist Phone

Name of Family Physician Phone

Date of Last Physical Examination

Do you carry family medical/hospital insurance?

If, so indicate Policy or Group #

OVER - SIGNATURE REQUIRED

Please don't place grouping requests on this form.

