

2012 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
DIAGNOSIS
ADHD
Chicken Pox
Measles
German measles
Mumps

Operations or Serious Injuries (dates)

Physical/Learning Disability 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 medical/hospital insurance? Policy or Group #


PARENT'S SIGNATURE IS REQUIRED.

A Doctor's signature is not required *except* when your child needs to receive medication during camp. If your physician directs that a medication must be given to your child during camp, it must be self-administered and witnessed by the Camp Health Director, provided your Doctor sends camp staff a written statement with: name of camper; diagnosis; name of medication, dosage, and time to be given; any special instructions. All medication must be brought to camp by the parent. Do not send children on the bus with medication.

IMPORTANT - The Section Below Must Be Completed for Attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for me/my child as named above. This form may be copied for use out of camp.

 **Signature of parent or guardian** _____ **Date** _____

IMMUNIZATION RECORDS ARE REQUIRED

Either complete the form below with specific dates or attach a Physician's record.

VACCINES	Date of Basic Immunization	Date of Last Booster
Diphtheria Pertussis (Whooping Cough) DPT* Tetanus or	1 2 3	1 2
Tetanus TD* Diphtheria or		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, rubella)		
Haemophilus Influenza Type B		
Hepatitis B		
Varicella (Chicken Pox)		
Other		
Tuberculin test given _____ Most recent		