

Summer Camp Session

(please circle one):

1 2 3 4 5 6 7 8 9 AS1 AS2



Camper Background & Medical Form

P.O. Box AB, (2801 Sharon Turnpike) Millbrook, NY 12545

845-677-7600 x 303

Form Submission Deadlines: Sessions 1 – 5/Art+ Science: June 10th, Sessions 6 – 9: July 15th

Camper's Name _____ Gender _____ Birthdate _____ Age _____

❖ Parent/Guardian 1 _____ Primary Phone _____ Secondary Phone _____
Home Address _____ E-mail _____

❖ Parent/Guardian 2 _____ Primary Phone _____ Secondary Phone _____
Home Address _____ E-mail _____

Emergency Contacts (if parent or guardian not available) *This person must have the ability to pick up the child within 30 minutes if we are unable to reach the parent/guardian.

❖ 1) _____ Primary Phone _____ Secondary Phone _____
Location during camp _____ Relationship to Camper _____

❖ 2) _____ Primary Phone _____ Secondary Phone _____
Location during camp _____ Relationship to Camper _____

Insurance Information: Is the camper covered by family medical/hospital insurance? ____YES ____ NO

If so, indicate carrier or plan name: _____ Group# _____

Physician Name	Dentist Name	Orthodontist Name
Physician Phone	Dentist Phone	Orthodontist Phone

Hospital Preference (check one):

- Sharon Hospital (Sharon, CT) Vassar Brothers (Poughkeepsie) Mid-Hudson Regional (Poughkeepsie)
- No Preference

Please provide complete and honest answers regarding your child's health. These forms will be read solely by camp staff and administration, the health director, and emergency personnel.

1) PLEASE CHECK ONE BOX

- This child **takes NO medication** on a routine basis. (Go to question 2) OR
- This child **takes** medication, as outlined in the mandatory physician's orders:

Note any discrepancies between the medications listed on the "Mandatory Physician's Orders" form and what your child will take at camp.

2) Allergies: Please list all allergies to food, animals, medication and other substances (insect stings, hay fever, etc.), and describe the reaction/management of the reaction.

*** Because we spend so much time afield, we carry an epi-pen that will be administered if a camper with previously unknown allergies enters anaphylactic shock. We will make our best effort to contact Emergency Medical Service personnel before administering the epi-pen, and will contact the child's parent/guardian as soon as possible. Please speak with Cary camp staff if you have questions or concerns about this protocol.

3) Restrictions (The following restrictions apply to this individual.)

Does not eat: Dairy Products Nuts Other (describe) _____

Explain any restrictions to physical activity (e.g. what adaptations or limitations are necessary)


Has/does the camper...	Yes	No
6. Ever had a head injury?		
7. Have diabetes?		
8. Have asthma?		
9. Ever had seizures?		
10. Ever had an allergic reaction to bees/nuts/animals?		


4) Health History

Has/does the camper...	Yes	No
1. Had any recent injury, illness or infectious disease?		
2. Have a chronic or recurring illness/condition?		
3. Ever had surgery?		
4. Have frequent headaches?		
5. Have ADD, ADHD, or other behavioral disorder(s)?		

Please explain any "yes" answers.

Please provide additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. Remember, our activities include group and individual games, experiments, handling of fish and amphibians, arts and crafts and hiking.

5a) Immunizations – For your child to attend camp you will need to submit a current immunization record from their doctor. Have you submitted this yet? Yes___ No___ 

5b) COVID-19 Vaccination - All campers are required to be fully vaccinated with an FDA authorized vaccine as recommended by the CDC. Please attach a copy of your child's COVID-19 vaccination record. Reasonable accommodations to be exempt from this requirement will be granted for documented medical reasons. Yes___ No___ 

6) Sunscreen/Bugspray

In June, 2017, the New York State Assembly passed public health legislation allowing summer campers to carry insect repellent with written permission of a parent or guardian. The goal of this law is to protect children from black-legged ticks, which are known to carry Lyme disease.

In accordance with this legislation, we must keep a written record if you grant permission for your child to: 1) carry their own insect repellent and 2) receive assistance from camp personnel in applying their insect repellent if they ask for our help.

I grant permission for my child to carry insect repellent this week and for camp staff to assist them with repellent application if they ask for help:

Yes___ No___ 

I grant permission for Cary Institute to provide the following for my child if they don't bring their own:

	YES	NO
FDA-Approved Sunscreen		
FDA-Approved Bugspray		

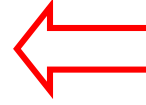
7) Photo/Video consent: We take a lot of photos to share with families, and sometimes like to use photographs and videos from Camp in our advertising and newsletters. For each of the following, please initial if you agree to allow us to use your child's image:

	Cary website & print materials (ex: newsletter, advertising)	Cary social media (Instagram, Facebook)	Camp Flickr page (shared with camp families)
Photo			
Video			

GUARDIAN'S AUTHORIZATION

This health history is correct and complete so far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give my permission to the camp to provide routine health care, supervise self-administration of medications and seek appropriate emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. Every possible effort will be made to contact me in the event of an emergency, but in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

Parent/Guardian Signature: _____



Printed Name: _____ **Date:** _____