

**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

845-677-5343

**Form Submission Deadlines: Sessions 1 – 5/Art+ Science: June 12<sup>th</sup>, Sessions 6 – 9: July 17<sup>th</sup>**

**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# \_\_\_\_\_

<b>Physician Name</b>	<b>Dentist Name</b>	<b>Orthodontist Name</b>
<b>Physician Phone</b>	<b>Dentist Phone</b>	<b>Orthodontist Phone</b>

**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.

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**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.

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\*\*\* 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)

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**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)?		

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?		

**Please explain any "yes" answers.**

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**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.

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**5) 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\_\_\_\_



## 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
<b>FDA-Approved Sunscreen</b>		
<b>FDA-Approved Bugspray</b>		

**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:

	<b>Cary website &amp; print materials (ex: newsletter, advertising)</b>	<b>Cary social media (Instagram, Facebook)</b>	<b>Camp Flickr page (shared with camp families)</b>
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:** \_\_\_\_\_

