

WESTCHESTER COUNTY

2009 SUMMER ECOLOGY CAMP MEDICAL/PHOTO RELEASE FORM

My child will be entering grade: Pre-K/K\* 1 2 3 4 5 6 7 8 9 in September 2009. \*(4 years old by 6/1/09)

Child's Name (Last, First): Sex : M F Birth date:

Family Members' name (s):

Street: City: State: Zip:

Home Phone: Father's Work: Father's Cell:

E-mail: Mother's Work: Mother's Cell:

If parent(s) not available, please contact:

Emergency Name: Phone: Cell:

Emergency Name: Phone: Cell:

Medical History:

Doctor's name: Phone:

Medical Insurance: Policy #:

REQUIRED FOR ATTENDANCE ♦ DATES OF IMMUNIZATION and MEDICAL HISTORY

DPT/DT: Haemophilus Influenza type b: Hepatitis

MMR: Varicella (Chicken Pox): Polio:

Allergies (medication, foods, etc.):

Please list any medical problems, including the diagnosis:

Is your child currently on any medication, including inhalers? Yes No

If yes, name of medication

If yes, does the medication need to be taken during camp hours? Yes No

If yes, written permission from a parent or guardian will be necessary to accompany the medication and the medication must be self-administered.

Please describe any behavioral issues or any special needs or considerations that would be helpful for staff to know, to provide a safe and happy experience for your child.

Emergency Release:

I give permission, in the event of an emergency, for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

Parent Signature

Date

I give my permission for my child to participate in all program activities. I understand that NO REFUNDS will be given for any reason except for illness substantiated by a doctor's note.

I give permission to allow my child's photographs to be taken during camp. I further give permission that these photographs may be published and used by Westchester County to promote camp programs.

Parent Signature

Date