

WESTCHESTER COUNTY

2010 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 2010. *(4 years old by 6/1/10)

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. (please note this is not a special needs camp) _____

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