

Child's Name \_\_\_\_\_ Grade completed this past school year \_\_\_\_\_

*All children must be in the age range of Kindergarten-11 to participate in the recreation program. All children must be capable of using the bathroom by themselves.*

Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_

**Emergency Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Child will not attend Summer Program without this information!!!**

**Health History:**

List any illnesses, medical conditions, or allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_

**Immunizations:**

Please list the dates these immunizations were given, and date that your child may have had any of these.

Polio \_\_\_\_\_ HIB \_\_\_\_\_ HBV \_\_\_\_\_

Chicken Pox \_\_\_\_\_ MMR \_\_\_\_\_ DTP \_\_\_\_\_

Name & Phone Number of Family Physician: \_\_\_\_\_

Dietary Modifications \_\_\_\_\_

Current Medications \_\_\_\_\_

Hospital preference in case of an emergency (if available) \_\_\_\_\_

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

Emergency authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for my child, as names above. This form may be photocopied for camp use.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

# Parent/Guardian Permission – Use of Sunscreen at Camps

## Self Application:

I give permission for \_\_\_\_\_ (Camper's Name) to carry and self apply sunscreen. I understand the following conditions must be met in order to promote proper and safe use of sunscreen at Camp:

- 1.) The sunscreen will only be used to prevent overexposure to the sun
- 2.) Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Assisted Application:

If \_\_\_\_\_ (Camper's Name) is unable to apply the sunscreen themselves, I give permission for the camp staff to assist in the application of the sunscreen.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Sunscreen is considered a drug and shall be checked and logged by the camp as such in accordance with the policies and procedures set forth in their safety plan.

David C. Webb Memorial Park at Taft Bay:

— Must have a permit to operate from the Oswego County Health Department;

— Is required to be inspected twice yearly; and

— The inspection reports and required plans are filed at the Oswego County Health Department, 70 Bunner Street, Oswego, NY and available for review.