

2015 ESSEX COUNTY SUMMER DAY PROGRAM

WEEK ONE

Child's Name: _____ (M/F) Address: _____ City/Town: _____

Date of Birth: _____ Home Phone: () _____ Parent Cell Telephone: () _____

Parent/Guardian Name: _____ Place of Employment: _____ Work Phone _____

Emergency Contact Person: _____ Address: _____ Phone #: () _____

(other than parent)

Physician's Name: _____ Address: _____ Telephone #: () _____

Health Insurance: _____ Policy Number: _____

Medication Allergies: _____ **Food Allergies:** _____

Other Allergies (plant, animal or insect toxins): _____

Current Medications: _____

Any Condition that may require special care, medication, or diet: _____

Medical History: (give dates and full details for and "yes" answers)

	<u>NO</u>	<u>YES</u>	<u>YEAR & DETAILS</u>
Serious Illness:	___	___	_____
Serious Injury:	___	___	_____
Deformity:	___	___	_____
Surgery:	___	___	_____
Skin, Glands:	___	___	_____
Eyes, Ears:	___	___	_____
Nose, Sinus, Tonsils:	___	___	_____
Teeth:	___	___	_____
Chest, Lungs	___	___	_____
Heart:	___	___	_____
Kidneys:	___	___	_____
Back, Limbs, Joints:	___	___	_____
Mental Illness:	___	___	_____
Chicken Pox:	___	___	_____
Other (explain):	___	___	_____

Immunizations:	Year Received	Year Received
Tetanus:	_____	Measles: _____
Diphtheria:	_____	Mumps: _____
Pertussis:	_____	Rubella: _____
Polio:	_____	

(see other side)

Authorization for Medical Treatment of Minors

I, _____ do hereby authorize any and all emergency medical care and treatment deemed necessary by the Camp
(name of parent/guardian)
Nurse; the Emergency Medical Technician; or other staff personnel certified to provide emergency first aid at the Essex County Summer Day Program for:

_____ (M/F) _____
child's name child's age relationship to child (i.e. parent/guardian)

At the discretion of the Camp Coordinator, or the senior Emergency Medical Service (EMS) person on site, emergency medical care or first aid may be provided by attending EMS personnel as may seem reasonably appropriate in the event to illness or injury. If a determination is made by EMS staff of other EMS personnel responding to the site that further medical treatment is warranted, the North Shore or other local ambulance service will be contacted and the camper will be transported to North Shore Medical Center, or the nearest Medical Facility by the EMS rescue vehicle. Parents or guardians will be notified as soon as practical.

Signature of Parent/Guardian: _____ **Date:** _____

Print Parent/Guardian Name: _____

2015 ESSEX COUNTY SUMMER DAY CAMP FIELD TRIP PERMISSION

As part of our Essex County Summer Day Camp curriculum, we have the opportunity to take "off-site" field trips during the week. We will provide lunches, drinks and transportation if needed. Your signature below will indicate that you give permission for your child to attend the Essex County Summer Day Program field trips.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____