

# 2015 ESSEX COUNTY SUMMER DAY PROGRAM

# WEEK TWO

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

Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Parent Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

(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)

	<b><u>NO</u></b>	<b><u>YES</u></b>	<b><u>YEAR &amp; DETAILS</u></b>
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: \_\_\_\_\_