

2019 CAMPER REGISTRATION & MEDICAL FORM

(Please complete all information & type or print clearly)

Child's Name _____

Address _____

City _____ State or Prov. _____ Zip _____

E-Mail _____ Shirt Size _____

Date of Birth ____/____/____ Sex F M Age ____ Weight _____ Current Grade Level _____

I prefer to bunk with _____ (bunk mates must be within one year of the same age)

Emergency Contacts	Home Phone	Cell Phone	Work Phone
FATHER'S NAME			
MOTHER'S NAME			
GUARDIAN			
OTHER CONTACT			

Please indicate week attending:

Express Week \$160 / June 26-29

Teen Week \$315 / July 1-6 / Circle C's Got Talent

Week Two \$315 / July 8-13

Week Three \$315 / July 15-20

Week Four \$315 / July 22 - 27

Week Five \$315 / July 29-August 3

Week Six \$315 / August 5-10

Must be checked to be registered. Special Cookout \$8.00

MEDICAL FORM

Insurance Information:

Name of Insurance Company: _____

ID# _____ Group # _____

Policy# _____ Certificate# _____

Name Of Camper's Physician: _____ Phone #: _____

Date of last Physical ____/____/____

Health History: Check if any apply & explain. Use separate paper if necessary

Diabetes Seizures &/or Epilepsy Heart defect/disorder Carries Epipen: _____

Bedwetting Emotional/Behavioral Disorder Asthma /Or Inhaler: _____

Hay Fever Bleeding/Clotting Disorder Frequent Ear Infections Penicillin: _____

Other:(specify) _____ **Immunization History:** Actual dates required by NYS Health Department

up to age 21, A new copy is required each camp year. Photocopies are preferred.

Any Specific Activities to be Restricted _____ DPT ____/____/____/____ Last Tetanus _____

**** ALLERGIES:** (Explain reaction as well) _____ Pollomyelitis ____/____/____ MMR ____/____/____

Bees or Insect Bites/Stings _____ Influenza B _____ Hepatitis B _____

Foods (Specify) _____ Varicella _____ Chicken Pox _____ Other _____

Other (Specify) _____

The following standard over-the-counter medications are available at the nurse's office and will be administered as needed at the discretion of an RN, ONLY if approval is indicated by the camper's health care provider. Without this signature, the camper cannot be given any of these medications under New York State Law.

Drug Name	Route	Dr.'s Order	Comments
Tylenol	Circle preferred formulation(s) Chewable tablet / elixir	Check one <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain or Fever > ____°F
Ibuprofen	Chewable tablet / suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pain or Fever > ____°F
Robitussin Cough & Cold	Syrup	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pepto Bismol	Liquid / chewable tablet	<input type="checkbox"/> Yes <input type="checkbox"/> No	For diarrhea, upset stomach
Benadryl	Chewable tabs or pills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergic reactions
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Prescription	Route	Dosage	Schedule & Indications	Comments

Health Care Provider's Signature: _____

Parent or Guardian _____ Date _____

(Mr., Mrs., or Reverend)

NOTARY SEAL

Notarized: Sworn to me this ____ day of _____, 20 ____.

Parent's authorization for those under 18 years of age: In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the camp to hospitalize, secure treatment and order injection, anaesthesia or surgery for my child as named above.* Our local hospitals, for immediate and efficient care in case of emergency, have requested that the Parent's signature be notarized.

same time if you want to bunk together.

****PLEASE NOTE:** In the event of sickness or illness while at camp, the Parent/Guardian is responsible for all medical expenses incurred under the authorization of the Camp Registered Nurse and/or Director. These Claims may be submitted to your Insurance provider when eligible for reimbursement.

********In the event of injury or accident while at camp, claims should be submitted to your Insurance provider. Our camper insurance coverage (accidents or injury only) will be reimbursed you for medical claims which exceed the amount of your personal insurance plan provisions.

*The registration fee must be sent in with the Registration form in order to be fully Registered. The balance is to be paid on arrival at camp. Money must be in US currency- No Canadian cheques (checks). Camp is filled on a first come, first served basis. It is easier that you make sure your friend registers at the