

Summer Camp at Beacon Hill Club 2017 - Health Information Form

Camper's Name: _____ Age: _____ Current Grade in School: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Parents Name: _____
Email: _____

In Case Of Emergency Notify: _____ Cell Phone: _____
Relationship: _____

In the event a parent/guardian is unavailable, the following persons can be trusted with your child:

Name: _____ Relationship: _____

Address: _____ Cell Phone: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Have or subject to: (check if yes)

_____ Asthma _____ Convulsions
_____ Fainting Spells _____ Swimming or sport restrictions
_____ Diabetes _____ Heart Trouble
_____ Allergies or reactions to any medication, food, etc.
_____ CHECK HERE IF **NONE** OF THE ABOVE APPLIES

Has Difficulty with (check if yes):

_____ Eyes _____ Ears
_____ Nose _____ Throat
_____ Lungs _____ Digestion

Please list any activities restricted because of medical reasons: _____

List any conditions that medication is required on a regular basis: _____

Name of medication: _____

The BHC staff is **not authorized** to administer any medication. If medication needs to be administered, parent/guardian is required to come to the Club to do so.

	Dates:		Dates:
IMMUNIZATIONS: Tetanus Toxoid	_____	Measles	_____
German measles	_____	Mumps	_____
Diphtheria	_____	Polio	_____

The State of New Jersey requires that we have the hard copy form signed by the doctor on record, please send in the form to Gayle Wexler at the club prior to the beginning of camp. Enter above the last date the immunization was done.

PARENT AUTHORIZATION:

This health history is correct as far as I know and the person herein described has my permission to engage in all prescribed activities, including swimming and tennis, except as noted by me and/or the physician. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the adult or leader in charge, to hospitalize, to secure proper anesthesia, or to order injections to surgery for my son/daughter, should the need arise. As parent or guardian, I will assume full responsibility, including payment of costs.

PARENT'S SIGNATURE: _____ DATE SIGNED: _____

Early Release Authorization

If my child has to leave camp early, he/she may only leave with the following adults

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

How will your child be coming and going from camp? _____

With Whom: _____

Summer Camp at Beacon Hill Club

SPORTS & GAMES POLICIES & PROCEDURES FORM

Due to the fact that campers' safety is of utmost importance, we have instituted the following policies for our Sports and Games activities:

1. The camper will wear clothing which allows freedom of movement.
2. Sneakers (laces or velcro) are the only type of footwear permitted and must be securely fastened. No slip-on sneakers please.
3. Please inform camp personnel of any existing limitations such as asthma, allergies, etc.
4. There will be no gum chewing or candy eating.
5. Long hair should be tied back during Sports and Games.
6. Small post earrings are the only jewelry permitted.
7. Please inform the camp of any child who wears eyeglasses or contact lenses.

It is strongly recommended that campers do not bring valuables with them. This will eliminate lost and missing items.

Thank you for your cooperation. We are looking forward to a great summer of Sports and Games!

I HAVE READ THE ABOVE:

Child's Name: _____
Parent's Name: _____
Date: _____