



ORCHARD PARK RECREATION DEPARTMENT
2017 Preschool Health Form

Camper Information

Child's Name: _____ Birth Date: ____/____/____ Age: _____

Nickname: _____ Male: _____ Female: _____

Home Address: _____ City: _____ State: _____

Zip: _____ Email Address: _____

Siblings Names: _____ Ages: _____

Parent / Guardian Information

Parent/Guardian Name: _____ Home Phone #: _____

Cell Phone #: _____ Name of Work _____ Work Phone #: _____

Parent/Guardian Name: _____ Home Phone #: _____

Cell Phone #: _____ Name of Work _____ Work Phone #: _____

Program Waiver:

In registering for this program I attest that my child is at a level of fitness necessary to participate in the program and assume the responsibility of having my child's physical condition evaluated if any questions exist. I understand that the Town does not carry insurance to cover any medical bills that result from participating in any recreation program(s). I give my full permission for such first aid as is deemed necessary to be provided to my child on the premises or prior to transport to a hospital for further treatment. I am aware of the Recreation Department's policies regarding emergencies, refunds, program cancellations, and program changes. I have read, understand, and agree to the preceding statement.

Parent/ Guardian Signature _____ Date: _____

Permission to take pictures and video footage:

I authorize the Orchard Park Recreation Department Staff to take photographs and video footage of my child/ children while he/she is participating in any recreational programs being run by Orchard Park Recreation. I understand these photographs and video footage will be used for marketing purposes, Orchard Park Recreation Department Bulletins, Orchard Park Recreation Brochures, Posted on the Orchard Park Recreation Department website, seen on TV's in local business's, You Tube and other social networking sites.

Parent/ Guardian Signature _____ Date: _____

Health History (Answer and give approximate dates)

Has your child ever required counseling or hospitalization? _____

Operations or serious injuries (list dates): _____

Disability or chronic/recurring illness: _____

Other diseases or conditions: _____ Date of last physical: _____

Dietary modifications or allergies: _____

Any specific activities in which your child cannot participate: _____

Doctor / Insurance Information

Name of Family/Child Physician: _____ Phone #: _____

Do you carry family medical/hospital insurance? If so, indicate policy/group # for carrier _____

This health history is correct so far as I know and the person listed above has permission to engage in all prescribed camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the person named above. I expect to be notified immediately.

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

Medications:

If your child requires any medications be taken and overseen at camp, please fill out the following table. All medications must be in their original container when submitted to the camp director or assistant director.

Name: _____ DOB: _____ Weight: _____

Drug	Route (orally, topically, etc.)	Dosage	Schedule and Indications	Comments/ Side Effects	Prescription Number

Physician's Signature: _____

If your child must have medication at preschool, your physician must sign here →

I hereby request that the staff of the Orchard Park Day Camp supervise my child taking the above medication as indicated.

Parent signature: _____ Date: _____

In case of an emergency, if parent/guardian are unavailable, please notify:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Permission for Pick-up

Below is a table that should be filled in to include any persons you would like to have permission to pick your child up from camp. **Please include parent/guardians names in the table as well.** At pick up, staff will check IDs to assure that the appropriate people are taking your child. If a name is not listed below, camp staff will not release your child to that person. Please make every effort to list people that may be picking up your child during the program, including **YOURSELF**, grandparents, siblings, friends, etc.

Name	Relationship	Phone