



 Child's last name Child's first name MI Birthdate Sex Grade in Fall 2024

 Address City State Zip

 Parent 1 Name Cell Phone Other Phone

 Parent 2 Name Cell Phone Other Phone

In Case of Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

Health History: Check if applicable

Any condition affecting a child's ability to participate in program activities.

- Asthma Diabetes Communicable Disease Allergies
- Hearing or Vision Neurological Problem Dietary Restrictions Heart Problem
- Other _____

Please explain all problems marked:

Significant Allergy	Reaction	Treatment	Prescription/Dose

Describe any physical, mental, emotional, developmental, or psychological conditions that require special treatment, medication, or special restrictions or considerations while at summer camp

A copy of your child's most recent Immunizations record or copy of religious/medical exception must be included with this form.

Please note: Before attending summer camp, international students must present proof of a recent Mantoux Tuberculosis test. If it is positive, a chest X-ray or other necessary treatment must be taken and documentation submitted and reviewed before the child can attend. For more information, please follow the guidelines here. https://www.nj.gov/health/hivstdtb/documents/tb/school_mandate.pdf

Medication

- This child will not take any daily medications while attending camp.
- This child will take medications while at camp. If checked, **parents must complete the Permission for Prescription Medication form.**

The following non-prescription medication can be given on an as-needed basis.

Please check all that apply.

- Acetaminophen Ibuprofen Antacid Cough Drops Benadryl

All other medications not listed above will need a doctor's note to be administered during camp.

Authorization for Participation/Health Care at Summer Explorations

I have reviewed the program and activities for the summer camp and feel that the child can participate without restrictions.

I have reviewed the program and activities for the summer camp and feel that the child can participate with the following restrictions or adaptations. Please describe. _____

All immunizations are current and up to date with school guidelines and/or religious/medical exemption forms are included with the Health History form.

This health form is correct and accurately reflects the health status of the child to whom it pertains. The person described has permission to participate in all program activities, except as noted above. I give permission to the health care provider at summer camp to provide treatment for both routine health care and emergency situations. If I cannot be reached in an emergency, I give my permission to the health care provider at summer camp to secure proper treatment for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff.

Child's Name _____

Name of Custodial Parent/Guardian _____

Signature of Custodial Parent/Guardian _____

Relationship to camper: _____

Date: _____