



Parent Health Form

This form is to be accurately completed and submitted 2 weeks prior to attending camp.

CABIN:

This form **MUST** be accurately completed for each camper and submitted prior to check-in at camp. This form is to be completed by the camper's parent or guardian. In addition to this form there is a separate form to be completed by the camper's Health Care Provider.

Camp Hickory Hill is located on a hillside and will be physically challenging if your child's mobility is limited or health is otherwise impaired. Please be certain your child is in good health and up to the physical demands upon arrival at camp. We will be unable to safely accommodate some types of medical conditions. Please contact the camp if you have questions regarding this health form.

Please be advised that we are subject to New York State laws and require the EXACT information requested. Failure to document this information will result in a delay at check-in.

EXAM DATE:

Name _____ Gender **M** **F** Date of Birth _____

Address _____ City _____ State _____ Zip _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship to camper _____ Phone _____

Health Insurance Information

Carrier _____ Type _____

Policy # _____ Phone # () _____

In Whose Name? _____

IMMUNIZATIONS - Please attach a copy of immunizations provided by the camper's medical care provider. If no immunizations have been given, we must have documentation attached.

CAMP WEEK:

My child may carry and use the insect repellent that is sent with him/her to camp. If my child is unable to physically apply insect repellent, he/she may be assisted by an approved camp staff member if my child requests it. (Check box to left to authorize)

Please share any further comments regarding your child's social, emotional, and/or psychological well-being that would be important for the staff to be aware of (this information will only be shared with the Camp Nurse, Directors and your child's specific counselor for the safety and well-being of the campers _____

Parent's Authorization (must be signed): This health form is correct, and the person herein described has permission to engage in all camp activities, except as noted on this form. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above. I also authorize the camp nurse to administer treatment as per standing order protocol and to administer any medications prescribed by his/her physician as listed on the Health Care Provider Form.

Parent/Guardian Signature **Relationship** **Date**

***IMPORTANT! PLEASE READ:**

Please be sure to submit the Health Care Provider Form to your child's pediatrician for their review and signature. Typical school health assessment or sports forms are not acceptable, as they do not authorize general medical care for your child in the event it is required. If your child takes medication, bring enough medication to last the entire time at camp. **Keep all medication in the original and current packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.**

NAME: