

EMERGENCY CONTACT & HEALTH INFORMATION
(to be completed by parent or guardian)

Camper's Name _____ Birthdate _____

Parent/Guardian _____

Local Address _____ Phone # _____

Parent 1 cell phone _____

Parent 2 cell phone _____

Emergency Contact 1 _____ ph# _____

Emergency Contact 2 _____ ph# _____

Emergency Contact 3 _____ ph# _____

Does your child have allergies? _____

Please specify: _____

Should the nature and amount of physical exercise be limited? _____

Please specify: _____

Date of last physical examination _____

Date of last Tetanus shot _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT
(when a parent or guardian cannot be reached)

Every reasonable effort to reach a parent/guardian or family doctor will be made if a child or counselor becomes injured or seriously ill while under camp supervision.

This is to certify that I, _____ give permission for

myself, child or ward, _____, to receive emergency medical treatment. My signature further certifies that the above named is in good health, is up to date with all immunizations, is free of all contagious illness and may participate in all Hayground Camp activities without restrictions, including all sports.

Signature _____ Date _____

PLEASE MAIL THIS FORM NO LATER THAN JUNE 1st

Hayground Camp PO Box 1827 Bridgehampton, NY 11932

PHYSICAL EXAMINATION and IMMUNIZATION RECORD

To be completed by physician

Camper's Full Name _____

Sex _____ Birthdate _____

Height: Feet/Inches _____ Weight _____

Please list ALL allergies: _____

Does the camper have asthma? Yes _____ No _____

Is the camper currently under any medical treatment? _____ If yes, please specify:

All medications must be accompanied by both the pharmacy label and a doctor's order.

Immunizations: Please list dates.

DPT	1. _____	2. _____	3. _____
Sabin Polio	1. _____	2. _____	3. _____
Measles	1. _____	2. _____	3. _____
Mumps	1. _____	MMR 1. _____	2. _____
Rubella	1. _____	HIB 1. _____	
Varicella	1. _____	2. _____	
Hepatitis-B	1. _____	2. _____	3. _____

Please give any information you feel will better enable us to meet the needs of the camper: _____

A complete physical examination has been performed and no abnormalities were found. The patient is in good health, is free of all contagious illness and may participate in all Hayground Camp physical activities without restrictions, including all sports.

The above named is completely up to date on all immunizations, including Tetanus, (and DPT), H.I.B., Polio, Hepatitis B, Measles, Mumps, Rubella.

Physician's Signature _____

Address _____

Telephone _____

*Examination Date _____

***Physical exam date must be within 12 months of child's attendance at camp.**

Physician Stamp

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