

CAMPER HEALTH HISTORY & EMERGENCY CONTACT INFORMATION

Camp Name _____

Location _____

East Brunswick Summer Day Camp

350 Dunhams Corner Road

East Brunswick, NJ 08816

732-390-6797

fax: 732-390-6818

www.eastbrunswick.org

Camper's Name _____
LAST FIRST

Camper's Address _____

Male _____ Female _____ Birthdate _____ Age _____ Grade in Sept. '09 _____

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY - Please print neatly

	Mother/Guardian	Father/Guardian
Name	_____	_____
Address	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____

MUST PROVIDE **TWO SEPARATE** EMERGENCY CONTACTS TO BE NOTIFIED IF GUARDIANS ARE NOT AVAILABLE IN AN EMERGENCY

	Emergency Contact 1	Emergency Contact 2
Name	_____	_____
Address	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____

**PLEASE ATTACH YOUR
CHILD'S PHOTO
HERE**

PHOTO IS REQUIRED

HEALTH HISTORY—IF YES, GIVE DATE(S)

Asthma YES NO _____
 Seizures YES NO _____
 Diabetes YES NO _____
 Hay Fever YES NO _____
 Please give details _____

MY CHILD IS ALLERGIC TO:

Insect Bites	YES	NO	_____
Latex	YES	NO	_____
Over the Counter Medication	YES	NO	_____
Any Antibiotics	YES	NO	_____
Food	YES	NO	_____
Is EPI PEN required for this allergy?	YES	NO	_____
Is INHALER required for any allergy?	YES	NO	_____

DOES CAMPER -

Wear contact lenses or glasses? YES NO _____
 Wear dental appliances? YES NO _____
 Has camper had any operations or serious injuries? YES NO If YES, explain: _____
 Does camper have chronic or recurring illness? YES NO If YES, explain: _____
 Does camper have any medical, physical, behavioral condition(s) that we should be aware of? YES NO If YES, explain: _____
 Does camper take any daily medication(s)? YES NO If YES, list medication & reason taking it: _____
 (prescription & non-prescription)

Doctor _____ Address _____ Phone _____

Hospital Preference (check one): Robert Wood Johnson St. Peter's Old Bridge Regional Other

PERMISSION TO TREAT IN A MEDICAL EMERGENCY

In the instance of a medical emergency, I understand that the Div. of Recreation will always attempt to contact the parent/guardian first. I hereby give permission to the Administration of East Brunswick Day Camp to seek emergency medical treatment including ordering x-rays, routine tests, or to provide or arrange necessary related transportation for my child/ward. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization for my child/ward. If there is a change in the above information, I will promptly notify the Div. of Recreation. I hereby give the Div. of Recreation permission to provide emergency care, as necessary. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian _____ Date _____ 2009