

Howard Park Day Camp Registration

Please fill out the registration form and bring to the Howard Park Pavilion on July 8th the first day of camp.

Name of Camper: _____

- I will be transporting my child to camp and will pick up at end of camp
- I will be transporting my child to camp and give permission to attend beach program @ noon.

Home Address: _____ Township: _____

****Please explain any special pick-up drop-off accommodations we need to know about on the back of this sheet or on an attached sheet: Ex: Grandparent, babysitter etc. who may pick up the child @ camp.**

THE FOLLOWING INFORMATION MUST ACCOMPANY REGISTRATION:(required by New York State Health Dept)

Name of Camper: _____ Birthdate: _____ Age: _____ Sex: _____

Parent or Guardian: _____ Phone : _____ (home) _____ (work)

Home address: _____

IF NOT AVAILABLE IN EMERGENCY NOTIFY:

1. Name _____ Address _____ Phone # _____

2. Name _____ Address _____ Phone # _____

Date of Last Physical Examination: _____ Physician's Name: _____

Physician's Address _____ Physician's Phone # _____

ALLERGIC REACTIONS: Bee Stings _____ Penicillin: _____ Other: _____

Requiring immediate medicine: _____

Medications being sent with my child (including inhaler) ____yes ____no If yes, please indicate pertinent information for the Medical Director: _____

IMMUNIZATION RECORD- MANDATORY: (Dates must include day, month, and year) If not available at home, please contact your doctor's office for a copy of the records. **DO NOT STATE "ON RECORD AT SCHOOL"** We need a physical copy or the dates written below:

DPT Series _____ (date) Measles _____ (date) Polio Series _____ (date)

Mumps _____ (date) Rubella _____ (date) Tetanus Booster _____ (date)

Parent/Guardian Authorization: The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son or daughter.

Parent/Guardian Signature _____ Date: _____