

(PLEASE PRINT)

JUNE 29th- AUGUST 14th

CHILD'S NAME: _____ SEX ____M____F

ADDRESS: _____

AGE & GRADE ENTERING _____

PARENT'S NAMES: _____

HOME TELEPHONE # _____ CELL # _____

PARENT'S EMPLOYER'S TEL.# _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____

TEL # _____

FAMILY DOCTOR: _____ TEL.# _____

LIST ALLERGIES: _____

**SPECIAL PROBLEMS- SPECIAL NEEDS
LIST** _____

***ELIGIBILITY: ANY CHILD WHO HAS COMPLETED 1ST GRADE**

PLEASE NOTE: This camp is required to be licensed by the N.Y.S. Dept. of Health,
and required to be inspected twice yearly. Inspection reports concerning
the camp are filed in the Director's Office at the Stony Point Municipal Pool.

MEDICAL REPORT

Dear Parent:

According to the Rockland County Health Dept., it is imperative that the Stony Point Day Camp have on record a copy of your child's/children's **Immunization Record**.

No child can attend Day Camp without immunization records on file in the Stony Point Day Camp Office.

A copy of the Immunization Record signed by the physician must be attached to the Medical Form.

Thank you for your cooperation. _____

PARENT'S SIGNATURE

Mr. Phil Lima
Camp Director

For: Medical Treatment by Qualified First Aide & CPR Trained Personnel on duty, in case of an accident.

____ YES _____ No _____ **Parent's
Signature**

YL YXL AS AM AL AXL T# shirts _____

\$ _____

Side 2-Medical History

Last Name _____

First Name _____

Date of Birth _____

Medical History: Please provide us with all the information that we will need to help

ensure that your child will have a safe and healthy summer. (If none write **NONE**)

List any recent / current illnesses: _____

List any restrictions or limitations: _____

List any special needs, allergies or diet: _____

List any medications or treatments: _____

Name any other medical condition(s) we should be aware of: _____

Please record date of immunization for:

Haemophilus influenza type b (hib) Date: _____

Hepatitis b Date: _____

Varicella (chicken pox) Date: _____

Parents must supply a complete Medical form from their doctor's office that list updated vaccinations as per required by law.

To the best of my knowledge, all of the above information is correct.

Parent/ guardian signature: _____ Date: _____

Camp Approval _____

NO REFUNDS OR PRO- RATED FEES