

Next Level Day Camp 2020 Health Form

Important: This form must be completed within one year prior to camp and signed by parent or guardian before the child may begin camp. **We also must have your immunization record from your Signed by Your Doctor**

Email: medforms@nextleveldaycamps.com

Mail to: 2005 Palmer Ave #277, Larchmont, NY 10538

Camper Name: _____ Age: _____ Birthdate: _____
Parent 1 Name: _____ Parent 2 Name: _____
Cell Phone (Parent 1): _____ Cell Phone (2) _____
Home Phone: _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip : _____

If not available in emergency please notify:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip : _____

Medical Insurance/Medicaid Number: _____

Health History:

Is the health of the camper, in general, good? (please check one) **YES**
NO

Immunization History:

Please list the dates for the following:

Diphtheria: _____ Mumps: _____ Varicell (Chicken Pox): _____ Tetanus: _____
Measles: _____ Polio: _____ Hemophilia Influenza Type B: _____ Rubella: _____

Doctor Information

Doctor's Name _____ Doctor Phone Number: _____

Allergies/Sensitivity (is the camper subject to any of the following conditions)

Rheumatic Fever	Behavior Problem	Penicillin	Mumps
Sinus Trouble	Drug Allergies	Hay Fever	Asthma
Ear Infection	Fainting Spells	Chicken Pox	Sleep Walking
Convulsions	Ivy Poisoning	German Measles	Bed Wetting
Diabetes	Insect Stings	Measles	Other:

Operations or Serious Injuries (Dates): _____

Chronic or Recurring Illness: _____

Other Diseases: _____

Please provide any other additional information and/or physical limitations that you wish the Camp Director to be aware of:

If the camper has any physical or medical problems, or is on medication the office and the Camp Director must be notified.

Parents Authorization

This health history form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature _____

Date _____

REMINDER: WE MUST HAVE IMMUNIZATION FORM

SIGNED BY YOUR DOCTOR, AS WELL AS THIS FORM,