

VICTOR SUMMER 2018 DAY CAMP MEDICAL INFORMATION & RELEASE FORM

Camper Name: _____ Age: _____ Gender: _____ Grade (2017-2018): _____
Address: _____ Birth Date: ____ / ____ / ____

PARENT 1 INFORMATION

Authorized to pick up camper: Yes No
Relationship to camper: _____
Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Office/Other: _____
E-mail: _____

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Authorized to pick up camper: Yes No
Relationship to camper: _____
Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Office/Other: _____
E-mail: _____

PERSONS AUTHORIZED TO PICK UP CAMPER AND EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone(s): _____
Name: _____ Relationship: _____ Phone(s): _____

(You may add additional persons authorized for camper pickup at a later date - please submit in writing)

MEDICAL INFORMATION

If your child has any special needs or any allergies to medication, food, insect stings, etc. or if medications are currently being taken or need to be administered during day camp hours, please list them:

Dentist/Orthodontist: _____ Phone: (____) _____

Family Physician: _____ Phone: (____) _____

Do you carry family medical/hospital insurance? If so, please indicate:

Carrier: _____ Policy/Group #: _____

I authorize day camp staff to apply sunscreen to my child as needed.

IMMUNIZATION RECORD MUST BE RETURNED BY Wednesday, June 13, 2018

Some physicians will fax the immunization records to us at 585-742-0142.

To better help place your child, please list the type of group your day camp child would like to be in:

Sports/Competitive Arts/Dramatics Mixed

Additional Summer Programming? If yes, please write in the times the programs will meet.

SWIM Yes No _____ **SUMMER ENRICHMENT** Yes No _____

VPR Before/After Camp Care Yes No / Before After _____

Group Placement: If possible, I would like to request my child be wwith the following campers:

Child #1 _____ Child #2 _____

We will not accept requests after Wednesday, June 13, 2018 (no exceptions!)

Affirmation: To the best of my knowledge, the above named person is in good health and in physical condition to be able to participate in the activities for summer day camp.

Emergency Release: In the event of the Town of Victor Parks & Recreation day camp personnel's inability to promptly locate a person herein designated to be notified in case of emergency, day camp staff, hospital authorities, physicians and other emergency care authorities may take such emergency measures as they deem appropriate and shall notify the parent(s) or legal guardian(s) as soon as possible.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____