MEDICAL/EMERGENCY CONTACT FORM

****Must be completed by Parent****

P.O. Box 750
Freeport, New York 11520
Tel: (516) 623-4550
Fax: (516) 223-1568

NAME OF CAMPER:	DATE OF BIRTH:
STREET ADDRESS:	
CITY, STATE, ZIP:	PHONE:

IN CASE OF ACCIDENT, NOTIFY:

MOTHER'S NAME	DAYTIME PHONE	MOBILE PHONE	
FATHER'S NAME	DAYTIME PHONE	MOBILE PHONE	
ALTERNATE 1 (STATE RELATIONSHIP TO CHILD)		PHONE	
ALTERNATE 2 (STATE RELATIONSHIP TO CHILD)		PHONE	
NAME OF INSURANCE COMPANY		PHONE	
INSURANCE ID NUMBER	NAME OF INSURED	DOB	OCCUPATION

IF NO ONE IS HOME TO RECEIVE CAMPER, MY CHILD MAY BE LEFT WITH THE FOLLOWING NEIGHBOR:

NAME	PHONE
ADDRESS	

I hearby authorize Twin Oaks Day Camp to arrange for emergency medical treatment for my child, while my child is under the Camp's care. Twin Oaks will contact me in the event of an emergency.

Parent's Signature _____ **Date** _____

MEDICAL REPORT TO BE COMPLETED BY DOCTOR (include immunization dates)

DPT	1st	2nd	3rd	Booster	Booster
Polio	1st	2nd	3rd	Booster	Booster
HiB*	1st	2nd	3rd	4th	*conjugate preferred

Hepatitis B	1st	2nd	3rd
MMR	1st	2nd	3rd
Chicken Pox (Varicella)		Date	

Pneumococcal	1st	2nd	3rd	4th	Tuberculin Test (Type)	Results:	Date:

PHYSICAL EXAMINATION: (Please check and describe positive findings)

HEIGHT	WEIGHT	SKIN & SCALP
NOSE & THROAT	HEART & LUNGS	ABDOMEN

Allergies?	[ ] Y [ ] N	Describe:
Special Diet?	[ ] Y [ ] N	Describe:
Regular Medications?	[ ] Y [ ] N	Describe:
Has child ever had chicken pox?	[ ] Y [ ] N	Describe:
Conditions requiring special attention:	[ ] Y [ ] N	Describe:
Any camp activities camper should be exempted from for health reasons?	[ ] Y [ ] N	Describe:
Any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations at camp?	[ ] Y [ ] N	Describe:

DOCTOR'S NAME:	**ADDRESS:**	**PHONE:**

The above named child was examined and found to present no hazard from contagious and communicable disease, is in good health and is able to participate in customary camp activities.

SIGNATURE OF DOCTOR:	**DATE OF EXAMINATION:**

Physical Exam should be dated ON or AFTER 8/24/16