



MEDICAL/EMERGENCY CONTACT FORM
**** Must be completed by Parent ****

P.O. Box 750, Freeport, New York 11520 Telephone: (516) 623-4550 Fax: (516) 223-1568 Email: camp.twinoaks@gmail.com

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 hereby 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	Hepatitis B	1st	2nd	3rd
Polio	1st	2nd	3rd	Booster	Booster	MMR	1st	2nd	3rd
HiB*	1st	2nd	3rd	4th	*conjugate preferred	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?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:
Special Diet?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:
Regular Medications?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:
Has child ever had chicken pox?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:
Conditions requiring special attention?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:
Any Camp activities camper should be exempted from for health reasons?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:
Any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations at Camp?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:

Doctor's Name:	Address:	Phone:
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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:
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*** Physical Exam should be dated ON or AFTER 8/22/19 ***

TWIN OAKS DAY CAMP CAMPER(S) EMERGENCY CONTACTS

Your camper will **ONLY BE RELEASED** to those listed on this form – Proper **ID must** be shown

NAME: CAMPER (1) _____
LAST FIRST

CAMPER (2) _____
LAST FIRST

ADDRESS: _____ PHONE: _____

IN CASE OF EMERGENCY NOTIFY (**ONE ALTERNATE MUST LIVE LOCALLY**):

_____ MOTHER'S NAME _____ WORK / DAYTIME TELEPHONE _____ CELLULAR / BEEPER TELEPHONE

_____ FATHER'S NAME _____ WORK / DAYTIME TELEPHONE _____ CELLULAR / BEEPER TELEPHONE

_____ 1st ALTERNATE'S NAME (state relationship to camper) _____ Telephone Number

_____ 2nd ALTERNATE'S NAME (state relationship to camper) _____ Telephone Number

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

NAME: _____ PHONE: _____

ADDRESS: _____

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NAME: CAMPER (1) _____
LAST FIRST

CAMPER (2) _____
LAST FIRST

ADDRESS: _____ PHONE: _____

IN CASE OF EMERGENCY NOTIFY (**ONE ALTERNATE MUST LIVE LOCALLY**):

_____ MOTHER'S NAME _____ WORK / DAYTIME TELEPHONE _____ CELLULAR / BEEPER TELEPHONE

_____ FATHER'S NAME _____ WORK / DAYTIME TELEPHONE _____ CELLULAR / BEEPER TELEPHONE

_____ 1st ALTERNATE'S NAME (state relationship to camper) _____ Telephone Number

_____ 2nd ALTERNATE'S NAME (state relationship to camper) _____ Telephone Number

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

NAME: _____ PHONE: _____

ADDRESS: _____

TWIN OAKS DAY CAMP

CAMPER or ICS TEE SHIRT ORDER FORM

Fashionably Twin Oaks . . .

Campers are required to wear a Twin Oaks Tee shirt on all camp days (except on special dress-up days).
Every camper will receive 1 free Tee Shirt.

PRICE : \$12 each 3 for \$30 4 for \$36

Sample Tee shirts are available for checking sizes at Twin Oaks during school hours, Monday thru Friday, 9am to 3pm. Please call the school (623-4550) before you come.

To be sure we can fill your order, all tee shirts must be ordered by May 24th.
If your order is late, we cannot guarantee it will be filled by the start of camp.

CAMPER or ICS TEE SHIRT ORDER FORM

CAMPER'S NAME: _____ GRADE AS OF SEPT. 2019 _____

(Indicate the number of shirts you are ordering in the box for each size you want)

YOUTH SIZES

ADULT SIZES

DESCRIPTION	XS	S	M	L	S	M	L	XL	XXL	TOTAL # BOUGHT	TOTAL COST
	2-4	6-8	10-12	14-16	34-36	38-40	42-44	46-48	50-52		
Camp T-Shirt											\$

SIZE REQUESTED FOR FREE TEE SHIRT: _____

PRICE : \$12 each 3 for \$30 4 for \$36

Enclose your check payable to Twin Oaks Day Camp or Charge:

ORDER MUST BE \$30 OR MORE TO CHARGE

MC/VISA/DISC/AMEX # _____ - _____ - _____ - _____

Exp. Date _____ Security Code _____ Billing Zip Code _____

Signature/Date _____



"a place that smiles"
P.O. Box 750, Freeport, New York 11520
Tel.: (516) 623-4550 • Fax: (516) 223-1568

Dear Parents:

The Camp Medical personnel, by State Law, are not permitted to dispense medication, **whether prescription or over the counter**, in Camp without the information below.

Authorization for Administration of Medication

To be completed by the Parent or Guardian:

I request that my child _____ in Group _____ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the Camp nurse or other designated person, will administer the medication.

Signature (Parent or Guardian): _____
Address: _____
Telephone No.: _____ Date: _____

To be completed by the licensed health care prescriber:

I request that my patient as listed below, receive the following medication:

Name of Camper: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage and Means of Administration: _____

Time to be taken during camp hours: _____

Expected duration of treatment: _____

Possible side effects and adverse reaction (if any): _____

Other recommendations (including PRN or self-administration orders; ie. Tylenol or Motrin for fever of $\geq 100^{\circ}$ orally):

Name and Title of Licensed Prescriber (please print): _____

Signature: _____ Date: _____
Address: _____ Phone: _____

The medication must be received in the original container in which it was obtained from the pharmacy with label intact.

Your cooperation is appreciated.

Thank you.

Dear Family,

We are offering private swim lessons to our campers 3 years of age through Gemini. The lessons will be given after Camp by members of our swim staff.

Swim Lessons for our 3 year old Campers

Limited spaces are available for a 30 minute swim lesson. Lessons will be scheduled Mondays through Fridays, in the **small pool** from 3:30pm to 4:00pm, at a cost of \$30.00 per lesson. This lesson will be yours for the camp season. Parents **must** be on camp grounds at 3:00pm to take their child to their lesson.

Swim Lessons for our 4 year old Campers

Half hour swim lessons will be scheduled Mondays through Friday, in the **large pool** at 4:00pm and 4:30pm, at a cost of \$30.00 per lesson. The scheduled swim lesson will be yours for the camp season.

Campers dismissed at 3:00pm – must be brought back to Camp by a parent for their private swim lessons.

Campers dismissed at 4:00pm – will remain in Camp after dismissal for their private swim lessons.

All parents must be prompt in picking up their child after his or her lesson since no transportation will be provided by the Camp. Parents are requested to help their child dress after the lesson. Parents are invited to be present during the actual lesson.

Note: If siblings are also present during the lesson, they **must be supervised by a parent**. They will **not** be allowed in the playgrounds or on any equipment.

Because of the limited spots available, requests for these lessons will be on a first come, first serve basis. Please fill out the tear-off sheet below and return it to the Camp as soon as possible. Please be assured that these lessons are completely optional and in no way take the place of the excellent swim instruction your child receives during the regular Camp day.

Remember the first day of Camp is **Thursday, June 27th 2019**, and we are all looking forward to a super, spectacular summer of fun at Twin Oaks Day Camp.

Sincerely,
Jenni

TWIN OAKS DAY CAMP
PRIVATE SWIM LESSONS

I wish my child _____ to receive private swim lessons to be given after camp hours at a cost of \$30.00 per ½ hour lesson.

I understand that I must pay for all scheduled lessons and that payment is to be made in **cash** directly to the Swim Director for each lesson.

I understand that I am responsible for any child I bring to observe the lessons and that they are **not** permitted to leave the pool area unsupervised.

I know that I am responsible for bringing my child back to camp for the 4:00pm or 4:30pm private swim lessons, if my child is dismissed at 3:00pm.

I know that I am responsible to be at Camp 15 minutes before the end of the lesson in order to change my child and provide transportation home.

Home Phone No. _____ Cell No. _____

I would prefer my child to receive a lesson on the following day(s) of the week: _____

I would like to request _____ as my child's swim instructor.

My child is _____ years old. Weeks attending camp _____

TWIN OAKS DAY CAMP
BACKGROUND INFORMATION FORM

SCHOOL GRADE AS OF SEPTEMBER OF CAMP YEAR _____

NAME OF CHILD: (Last) _____ (First) _____

ALLERGIES:

* **FOOD ALLERGIES:** (List foods your child is to be restricted from ex. Peanuts, Eggs, etc.) _____

* **ENVIRONMENTAL ALLERGIES:** (ex. Bee Sting, Asthma, etc.) _____

* Are any of the above allergies Life-Threatening? _____ Yes _____ No (If yes, please alert the Camp Office and Nurse before the START of Camp.) Does child require EPIPEN? _____

MEDICATION: Is medication taken regularly? _____ Specify: _____

DOES YOUR CHILD HAVE ANY PHYSICAL DISABILITIES? (e.g. heart murmur, hernia, sight, hearing difficulties) (Please indicate): _____

IS YOUR CHILD TO BE RESTRICTED FROM ANY PHYSICAL ACTIVITIES? _____

MUSCULAR COORDINATION: GOOD _____ FAIR _____ POOR _____

RIGHT HANDED _____ or **LEFT HANDED** _____

FEARS: Water _____ Thunder & Lightning _____ Clowns & Characters _____ Animals (which) _____
Other Fears: _____

BEHAVIOR HABITS: Nail Biting _____ Finger sucking _____ Stuttering _____ Tics _____
Others (state which) _____

DOES CHILD: cry easily _____ resist help _____ seek adult attention _____ tease _____ share easily _____
relate easily to new adults _____

IS YOUR CHILD: talkative _____ easy-going _____ joyful in temperament _____ extraverted _____ shy, withdrawn _____

PLAYMATES:

	<u>Age</u>	<u>plays with frequently</u>	<u>plays with infrequently</u>	<u>Is your child a leader or follower</u>
<u>Older Children</u>	_____	_____	_____	_____
<u>Younger Children</u>	_____	_____	_____	_____
<u>Own Age</u>	_____	_____	_____	_____

PLAY PREFERENCE: alone _____ with children _____ with adults _____

TYPE OF PLAY: self initiated _____ boisterous _____ quiet _____ energetic _____ strike out at children _____
hit back in self defense _____ (explain) _____

SIBLINGS:

	<u>Name</u>	<u>Age</u>	<u>Is much rivalry expressed?</u>
(Brothers & Sisters)	_____	_____	_____
	_____	_____	_____

HAS YOUR CHILD ATTENDED CAMP PREVIOUSLY?

CAMP _____ SUMMER OF _____ Was Your Child's Stay Happy. Unhappy? WHY? _____

GENERAL INTERESTS: Please check the items you feel apply to your child's level.

<u>PHYSICAL</u>	<u>LIKES</u>	<u>NO PRIOR EXPERIENCE</u>	<u>CREATIVE/CULTURAL</u>	<u>LIKES</u>	<u>NO PRIOR EXPERIENCE</u>
Swimming			Woodworking		
Baseball			Crafts		
Volleyball			Music		
Tennis			Video		
Field Hockey			Journalism		
Ping Pong			Dance		
Basketball			Dramatics		
Soccer			Puppetry		
Skating			Jewelry		
Fitness			Culinary Arts		
Gymnastics					
Others: (Indicate which)			Others: (Indicate which)		

What activities may your child resist participating in? (Explain)

SWIMMING: Can your child swim? _____ How well? _____

DOES YOUR CHILD HAVE ANY RED CROSS CARDS? _____
 If so, please note: _____

DO YOU EXPECT THAT YOUR CHILD WILL RESIST GOING INTO THE POOL? _____
 If so, why? _____

WHAT WOULD YOU LIKE TO SEE THE CAMP ACCOMPLISH FOR YOUR CHILD?

PLEASE INDICATE ANY OTHER INFORMATION YOU THINK WILL HELP US TO UNDERSTAND AND HELP YOUR CHILD. (Use separate sheet, if necessary.)
