



**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 descibe 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: |
|----------------|----------|--------|

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 8/20/20 \*\*\*

**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

\_\_\_\_\_  
1<sup>st</sup> ALTERNATE'S NAME (state relationship to camper)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
2<sup>nd</sup> 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(S) EMERGENCY CONTACTS**

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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

\_\_\_\_\_  
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1<sup>st</sup> ALTERNATE'S NAME (state relationship to camper)

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\_\_\_\_\_  
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

To be sure we can fill your order, all tee shirts must be ordered by May 21st.  
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. 2021 \_\_\_\_\_

(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 #<br>BOUGHT | TOTAL<br>COST |
|--------------|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------------------|---------------|
|              | 2-4 | 6-8 | 10-12 | 14-16 | 34-36 | 38-40 | 42-44 | 46-48 | 50-52 |                   |               |
| Camp T-Shirt |     |     |       |       |       |       |       |       |       |                   | \$            |

FREE TEE SHIRT SIZE: \_\_\_\_\_

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 and  
a 3% charge-card bank fee will be added to the total of your order**

MC/VISA/DISC/AMEX # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# TWIN OAKS DAY CAMP

## GEMINI TRAVEL & GEMINI ADVENTURE TEE SHIRT ORDER FORM

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To be sure we can fill your order, all tee shirts must be ordered by May 21st.  
If your order is late, we cannot guarantee it will be filled by the start of camp.

## GEMINI TRAVEL & GEMINI ADVENTURE TEE SHIRT ORDER FORM

CAMPER'S NAME: \_\_\_\_\_ Check One:  Travel  Adventure

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

| DESCRIPTION  | YOUTH SIZES |       | ADULT SIZES |       |       |       | TOTAL BOUGHT | TOTAL COST |
|--------------|-------------|-------|-------------|-------|-------|-------|--------------|------------|
|              | M           | L     | S           | M     | L     | XL    |              |            |
|              | 10-12       | 14-16 | 34-36       | 38-40 | 42-44 | 46-48 |              |            |
| Camp T-Shirt |             |       |             |       |       |       |              | \$         |

FREE TEE SHIRT SIZE: \_\_\_\_\_

PRICES:    \$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 and a 3% charge-card bank fee will be added to the total of your order**

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 **Monday, June 28<sup>th</sup>, 2021**, and we are all looking forward to a super, spectacular summer of fun at Twin Oaks Day Camp.

Sincerely,  
Jenni

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**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:** Name Age Is much rivalry expressed?

(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:<br>(Indicate which) |              |                            | Others:<br>(Indicate which) |              |                            |

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

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**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?**

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

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