



MEDICAL/EMERGENCY CONTACT FORM
**** Top 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
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Has camper received COVID Vaccine Y N Date of last vaccine _____

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 8/22/21 *****

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

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

Please order your shirts by May 20th.

Orders after this date might not be fulfilled by the start of camp.

CAMPER or ICS TEE SHIRT ORDER FORM

CAMPER'S NAME: _____ GRADE AS OF SEPT. 2022 _____

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

DESCRIPTION (circle one)	YOUTH SIZES				ADULT SIZES					TOTAL # BOUGHT	TOTAL COST
	XS 2-4	S 6-8	M 10-12	L 14-16	S	M	L	XL	XXL		
Camper (on grounds)											
Gemini Adventure											
Gemini											

FREE TEE SHIRT SIZE: _____

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

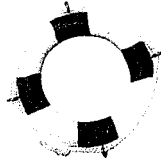
Enclose your check payable to Twin Oaks Day Camp or

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 _____



Dear Family,

We are happy to be able to offer private swim lessons to our campers (3 years of age through Gemini). All lessons are given after camp by our certified lifeguards. Please be assured that these lessons are completely optional and in no way take the place of the excellent swim instruction your child will receive during the regular camp day.

Lessons will be scheduled Monday through Friday, at either 3:30 pm, 4:00 pm or 4:30 pm, at a cost of \$35.00 per half-hour lesson. **This lesson will be yours for the entire camp season.** Parents may be present for the entire lesson but **must** be on camp grounds at least 15 minutes prior to the end of the lesson and will be responsible for changing their child and providing transportation home. Transportation home is not provided by the camp on days your child has a swim 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-served basis. Please fill out the tear-off sheet below and return it to the Camp as soon as possible. Remember the first day of Camp is **Wednesday, June 29th, 2022.** 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 \$35.00 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 Pool Gate Supervisor 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 4:00 pm or 4:30 pm private swim lessons if my child is dismissed at 3:00pm.

Home Phone No. _____ Cell No. _____

Day(s) preferred: 1st choice _____ 2nd choice _____

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

My child is _____ years old. Weeks attending camp _____



"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.

**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?

<u>CAMP</u>	<u>SUMMER OF</u>	<u>Was Your Child's Stay Happy, Unhappy? WHY?</u>
_____	_____	_____
_____	_____	_____

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.)
