

HEALTH FORM 2010

Camper's Name: _____ Age: _____

Immunization History – Required by NYS Department of Health

Tuberculin Test (date) _____ Type (circle): Tine or Mantoux Results (circle): Pos. or Neg.

DPT 1st _____ 2nd _____ 3rd _____ Booster _____ Booster _____

Oral Polio 1st _____ 2nd _____ 3rd _____ Booster _____ Booster _____

HIB 1st _____ 2nd _____ 3rd _____ 4th _____ Varicella _____

Hepatitis B 1st _____ 2nd _____ 3rd _____ Tetanus _____ Flu _____

MMR 1st _____ 2nd _____ Lead Screening _____ Type (circle): Tine or Mantoux

Allergies

_____ Hay Fever _____ Poison Ivy _____ Penicillin _____ Insect Stings

_____ Foods (list) _____ Other (list)

List Details _____

Health History: (please check all that apply)

_____ Ear Infections _____ Asthma _____ Hearing _____ Vision

_____ Diabetes _____ Chicken Pox _____ Mumps _____ Learning Prob

_____ Behavior Prob _____ Convulsions

Recent Surgery (type/date) _____

Serious Injury (type/date) _____

Chronic or Recurring Illness _____

Other conditions or details from above _____

Camper Medications (Name & Dose) _____

Any Medical or developmental conditions requiring attention _____

Does camper have any serious fears? If so explain _____

Does camper have any physical limitations/handicaps _____

Parental Agreement – Please initial each statement

____ This health form is complete and correct to my knowledge & the person named above has the permission to engage in all camp activities except as noted by his/her physician.

____ I hereby enroll my child in RockVentures Summer Camp Program. It is understood that RockVentures will make every effort to contact the parent in the event of an emergency. In the event that I cannot be reached, I authorize RockVentures staff to act for me according to his/her best judgment in any emergency requiring medical attention or surgical care. I authorize the physician selected to hospitalize, secure proper treatment for & to order injection, anesthesia or surgery for my child named above. I expect to be notified immediately. I further understand that I am responsible for my medical care.

____ I give my consent for my child to take part in field trips or excursions off RockVentures property under proper supervision.

____ I give my consent to RockVentures to use any photographs, slides, or videotapes of my child as needed for its record or promotion or public relations purposes, including web site material.

____ I have provided the staff with any pertinent information, which may assist RockVentures in caring for my child including but not limited to allergies, previous or existing illness or conditions, sunburn sensitivity, long term medications, disability or limiting conditions or emotional, developmental or behavioral challenges. I agree to notify RockVentures staff immediately in writing of any changes in address, telephone numbers, place of employment, emergency contacts etc. I understand that not providing the above may put my child's health & safety at risk.

I understand my child's spot is reserved only upon receipt by RockVentures of the fully completed registration forms & deposit and that failure to pay balance by the deadline will forfeit my child's spot and deposit.

Signature of Parent/Guardian

Date