



OSSINING RECREATION & PARKS DEPARTMENT

95 Broadway
Ossining, NY 10562
(914) 941-3189

Camper Medical Information & Release Form

Camp Location: _____

Camper's Name (Last, First): _____ M ___ F ___ D/O/B: _____

Grade in Fall 2018: _____ Parent/Guardian Name: _____

Home Phone #: _____ Parent/Guardian Primary Phone #: _____

Parent/Guardian Secondary Phone #: _____ E-mail address: _____

If parent/guardian are not available, Emergency Contacts:

Name _____ Home Phone # _____ Cell # _____

Name _____ Home Phone # _____ Cell # _____

Medical History:

Doctor's Name: _____ Phone #: _____

Medical Insurance: _____ Policy #: _____

Allergies: (medication, food, bee stings, etc.) *Yes* ___ *No* ___ If yes, explain: _____

If yes, does your child need an epinephrine auto injector? *Yes* ___ *No* ___

Please list any medical problems, including diagnosis:

Is your child currently on any medication, including inhalers? *Yes* ___ *No* ___

If yes, does medication need to be taken during camp hours? *Yes* ___ *No* ___

Note: if your child requires medication during camp hours, written permission from a parent or guardian will be necessary to accompany the medication **and the medication must be self administered.*

Please describe any behavioral issues or considerations that would be helpful for the staff to know to provide a safe and happy experience for your child:

IMMUNIZATION RECORDS - REQUIRED:

A copy of the child's immunizations must accompany this form when being submitted to Recreation Office. This form can **NOT** be accepted without the child's immunization records.

(SIGNATURE ON REVERSE SIDE IS REQUIRED)



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2018 SUMMER DAY CAMP RELEASE STATEMENT

- I hereby certify that the information given on this form is accurate and that my child is in normal physical and mental health.
- I give permission for my child to participate in all camp activities, including swim and splash deck activities at an off-site location, i.e. Ossining Aquatics Facility or Louis Engel Waterfront Park.
- I realize there may be days that due to inclement weather or scheduled off-site activities, camper transportation to another site may be necessary. I give the Ossining Recreation & Parks Department permission to transport my child as part of the Day Camp Program.
- I give the Village/Town of Ossining Recreation Department Summer Day Camp Program permission to obtain emergency medical assistance for my child in the event that I can not be reached at the number(s) listed on the registration form.
- I understand that the Ossining Recreation & Parks Department does not carry accident or medical insurance for participants and that my own medical insurance will apply in the event it becomes needed. I hereby release the Village/Town of Ossining and its employees and volunteers from any and all liability for personal injuries and/or property damage sustained by my child in the Ossining Recreation Day Camp Program.

Camper's Name: _____

Parent/Guardian Signature: _____ **Date:** _____