

CAMPER HEALTH HISTORY & EMERGENCY CONTACT



Hazlet Recreation • 1776 Union Avenue • Hazlet • NJ 07730 • 732-217-8683 • www.hazletwp.org

Child's Name: _____
Last First

Child's Address: _____

Male ___ Female ___ Birthdate: _____ Age: _____ Grade in June 2017: _____ Weight: _____ lbs.

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY – PLEASE PRINT NEATLY!

	Mother/Guardian	Father/Guardian
Name		
Address		
Home Phone		
Work Phone		
Cell Phone		

**PLEASE ATTACH
 YOUR CHILD'S
 PHOTO HERE**

DO NOT STAPLE

PHOTO IS

REQUIRED

MUST PROVIDE TWO SEPARATE CONTACTS TO BE NOTIFIED IF GUARDIANS ARE NOT AVAILABLE IN AN EMERGENCY SITUATION.

	Emergency Contact 1	Emergency Contact 2
Name		
Address		
Home Phone		
Work Phone		
Cell Phone		

Doctor: _____ Address: _____ Phone: _____

HOSPITAL PREFERENCE (circle one): Bayshore Community Hospital Riverview Medical Center Other _____

If no doctor, please write NONE. If no hospital is checked, your child will be taken to the nearest emergency room.

HEALTH HISTORY – IF YES, GIVE DATES:

Asthma YES NO _____
 Seizures YES NO _____
 Diabetes YES NO _____
 Hay Fever YES NO _____
 Please Give Details: _____

MY CHILD IS ALLERGIC TO:

Insect Bites YES NO _____
 Latex YES NO _____
 Food or Drug Allergy YES NO _____
 If YES, please describe: _____
 Is **EPI PEN** required **during camp**? YES NO
 Is **INHALER** required **during camp**? YES NO

Does camper wear contact lenses or glasses? YES NO
 Does camper wear dental appliance? YES NO
 Has camper had any operations or serious injuries? YES NO If YES, explain: _____
 Does camper have chronic or reoccurring illness? YES NO If YES, explain: _____
 Does camper have any medical, physical, behavioral condition(s) that we should be aware of? YES NO If YES, explain: _____
 Does child take any daily medications(s)? YES NO If YES, list medication & reason taking it: _____
 (prescription & non-prescription)

WAIVER & PERMISSION TO TREAT IN A MEDICAL EMERGENCY

In the instance of a medical emergency, I understand that Hazlet Recreation will always attempt to contact the parent/guardian first. I hereby give permission to Hazlet Recreation to seek emergency medical treatment including ordering x-rays, routine tests, or to provide or arrange necessary related transportation for my child/ward. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization for my child/ward. If there is a change in the above information, I will promptly notify Hazlet Recreation. I hereby give Hazlet Recreation permission to provide emergency care, as necessary. This completed form may be photocopied for trips out of camp. I further acknowledge that there is no medical insurance coverage included in my registration for any program offered by Hazlet Recreation. By participating in these programs, I assume my own medical insurance responsibilities.

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

**A copy of your child's
Immunization Record is **REQUIRED**
for them to attend camp.**

Insurance Information Required
(If NONE, please indicate NONE)

Name of Insured: _____ **Insured's Date of Birth:** _____
(Parent/Guardian)

Street: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Insurance Company: _____

Policy Number: _____ ID Number: _____

Group Number: _____ Plan: _____

Parent/Guardian Signature: _____ Date: _____