

Nichols Day Camp

Camper and CIT Program Medical Form

THIS MEDICAL FORM MUST BE COMPLETED AND RECEIVED BY THE CAMP OFFICE BEFORE YOUR CHILD CAN ATTEND CAMP.

Name: _____ Birth Date: _____

Today's Date: _____ Sessions Registered For: _____

EMERGENCY CONTACT INFO DURING CAMP

Name: _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work phone _____

Home Address: _____
Street City State Zip

If different from above, please complete.

Parent/ Guardian 1: _____

Home Phone: _____ Cell Phone _____ Work Phone: _____

E-Mail: _____

Parent/ Guardian 2: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Insurance information:

Is the participant covered by family medical/hospital insurance? Yes _____ No _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical services provider selected by the camp representative to order x-rays, routine tests and treatment; and to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the medical services provider selected by the camp representative to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent or Guardian Date _____

Does your child have any medical conditions or restrictions that might limit his/her participation in camp activities?
YES _____ NO _____

If yes, please explain:

Does your child have any special needs or disabilities? YES _____ NO _____

If yes, please explain:

Please use this space to provide any additional information about your child's behavior and physical, emotional or mental health, about which the camp should be aware.

Name of Family Physician: _____ Phone: _____

Name of Family Dentist / Orthodontist: _____ Phone: _____

Date of your child's last tetanus shot: _____

This is especially important in the event of an open wound that needs treatment. Tetanus shots are good for 10 years, unless there is an open wound within 5 to 10 years after the initial immunization. This information could save your child from receiving an unnecessary shot.

Immunizations: (Department of Human Services Requirement)

Please photocopy a record from school or physician. We need this as an updated form, even if you were at camp last year.

KNOWN ALLERGIES:

Medical _____

Food _____

Insects _____

If your child is on any medication, please list in the space provided.

- If your child must take medication while at camp you must complete the Medication Consent Form. This will help us to insure your child's safety as well as the safety of others. We must be aware of medications that come into the camp. All medications are locked up at camp and dispensed under the supervision of the camp Nurse. Call the Nichols Day Camp office for this additional medical form, if needed, or download it from the NDC website at www.nicholsdaycamps.org

In addition, any child that requires an Epi pen or Benadryl needs to bring in an Emergency action plan. You can bring in a copy of the action plan your child uses at school.

Mail or fax this completed form to:

Nichols Day Camp, P.O. Box 472, Blue Hill, ME 04614 P. 207-374-9906 F. 207-374-5862