

BREEZEMONT DAY CAMP
P.O. Box 858, ARMONK, NY 10504-0858

MEDICAL EXAMINATION FORM

(914) 273 - 3162 camp office – (914) 273-5438 fax (914) 273-8265 nurse's office (ONLY DURING CAMP SEASON)

PARENT AND/OR GUARDIAN MUST COMPLETE THIS SIDE OF FORM

YOUR PHYSICIAN MUST COMPLETE THE BACK & ATTACH CURRENT VACCINATION RECORD

Last Name First Name D.O.B Height Weight Sex

Street Address City State Zip Phone Number

Period of enrollment - Please circle one: 8 weeks 6 weeks 1st session 2nd session

SIGNIFICANT HEALTH HISTORY (i.e., asthma, allergy, seizures, cardiac, recent surgery, or chronic condition)

SPECIAL INSTRUCTIONS: (please list "triggers"/ "symptoms") _____

ALLERGIES:

Hay Fever _____ Poison Ivy, etc. _____ Insect Stings _____ Penicillin _____ Asthma _____
Shellfish _____ Iodine _____ Peanuts _____ Tree Nuts _____ Latex _____
Other _____

Does your child require an **epi-pen**? Yes _____ No _____
If "yes" please complete the attached "Epi-Pen Information and Policy Agreement"
Has your child ever been treated for Lyme Disease? _____ When? _____

EMOTIONAL CONCERNS (explain) _____

OPERATIONS OR SERIOUS INJURIES (dates) _____

DISABILITY or chronic or recurring illness _____

Any Specific activities to be limited by physician's advice (if so attach letter or explanation)

Dietary Modifications _____

Current Medication _____

Name of Dentist/orthodontist _____ Phone _____

In the event of a nuclear accident or emergency where radioactive iodine is released into the air which is likely to affect my child while he/she is at the camp, I hereby give permission to persons (including non-medical personnel) selected by the camp to dispense potassium iodide (KI) pills to my child if recommended by federal, state or local authorities for the public to take at that time in our area and in dosages as so recommended or as recommended by the manufacturer of the KI pills to be dispensed by us.

YES () NO ()

I hereby give permission to the medical personnel selected by the camp director to provide routine health care, to administer medication, order x-rays, routine tests, treatment, to release records necessary for insurance purposes and to provide/arrange necessary related transportation for my child. I also give permission to give my child over-the-counter medications according to standard dose or physician's recommendation (check boxes)

TYLENOL () MOTRIN () BENADRYL () OTHER () _____

For **FEMALE** Campers Only: Does Child Menstruate? _____ If **NO**, and she is 12 years or older, has she been prepared for it? _____

If **YES**, is there any severe discomfort making it necessary to limit participation in sports? _____

If the Nursing Office needs to reach you or a representative for your child, please list (in order of preference) the persons/numbers we should call:

1. _____ 2. _____ 3. _____
Home # _____ Home # _____ Home # _____
Business/Cell# _____ Business/Cell# _____ Business/Cell# _____

Signature of Parent/Legal Guardian

Date

COMPLETE ONLY IF YOUR CHILD USES AN EPI-PEN

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Last Name	First Name	D.O.B	Height	Weight	Sex
Street Address	City	State	Zip	Phone Number	

My Child is allergic to (specify which foods) _____

To date, is the allergy only if the food is ingested? If not, please explain _____

Other allergens (i.e., insect bites, etc.) _____

Type of allergic reaction including signs and symptoms if your child is in distress _____

POLICY & AGREEMENT REGARDING EPI-PEN

As is the case with any medication for children attending our camp, your child’s prescribed epi-pen can only be administered by our nurses or someone with approved epi-pen training who has at a minimum, certification in the American Red Cross course entitled, “Responding to Emergencies.” Children are not permitted to have any medication in their possession. Your prescribed epi-pen will be kept only in the Nurse’s office. Your epi-pen may not be taken on a vehicle to or from our camp.

If you would like to provide an epi-pen for your child, we will permit our Nurses or other qualified designees to receive and administer the epi-pen if you agree to and sign this agreement.

(1) I (we) give continuing permission to your nurse or other qualified designee to administer the epi-pen to our child in the event, in her/his judgment, that our child is in need of an injection or epinephrine.

(2) I (we) release Breezemont Day Camp, Inc., as well as its officers, directors, shareholders, employees (including without limitation, your Nurses), independent contractors and agents from any and all liability arising out of or in connection with the decision to administer epinephrine to our child, the administration of epinephrine to our child or the decision not to administer epinephrine to our child.

(3) I (we) will insure that an epi-pen will not be in the possession of our child at any time while our child is on your camp-provided transportation or while our child is on your camp premises, and I (we) agree to indemnify and hold harmless Breezemont Day Camp, Inc., as well as its officers, directors, shareholders, employees (including without limitation, your Nurses) independent contractors, and agents of and against any and all liability, damage, claim, demand, cost and expense (including without limitation, reasonable attorney’s fees) arising out of or in connection with our child’s having possession of an epi-pen in violation of this paragraph.

AGREED TO AND ACCEPTED BY:

Parent/Legal Guardian of: _____
Please Print Child’s Name

Signature of Parent/Legal Guardian _____ Date: _____

Please Print Name: _____ Date: _____