

# FCD Summer Fun Camp at Edison

## Camp Health Policies

Camper's name \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **HEALTH INFORMATION:**

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Camper's Pediatrician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Camper's Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### **VACCINE RECORD:**

**Name**                      **Date Immunized**

DPT : \_\_\_\_\_

Polio: \_\_\_\_\_

Mumps: \_\_\_\_\_

Flu: \_\_\_\_\_

**Name**                      **Date Immunized**

Tetanus: \_\_\_\_\_

Measles: \_\_\_\_\_

Rubella: \_\_\_\_\_

### **HEALTH RECORD:** (check applicable condition or allergies)

Ear Infections \_\_\_\_\_ Convulsions \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Diabetes \_\_\_\_\_

Insect Stings \_\_\_\_\_ Hay Fever \_\_\_\_\_ Penicillin \_\_\_\_\_ Skin disease \_\_\_\_\_

Behavioral Problems \_\_\_\_\_ Others \_\_\_\_\_

Does any Operation, serious injury, disease restrict on physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain if you say Yes \_\_\_\_\_

### **ILLNESS/MEDICATIONS:**

Please do not send your child(ren) to our camp when he/she exhibits any of the following symptoms:

Temperature (>100 F)      sore throat      cough      ringworm      eye irritations

Cold      impetigo      vomiting      diarrhea      unknown rash      earache

Other communicable diseases

Any child who has athlete's foot or an open wound will not be permitted in the pool. All prescription medication must be brought to the Camp Director. All medicine must be in its original labeled container with the child's name and dosage clearly marked with Doctor's instructions. A medication release form, available from the Camp Director, must also be completed. At no time may any camper take medication without a permission slip from a parent/guardian.

New Jersey State Law requires that a health form and immunization record for each child being on file at camp. It is imperative that each camper has a completed, signed and current health form, along with a copy of immunizations and an emergency contact form on record prior to attending camp. Any child that does not have a completed, signed form, copy of immunizations and emergency contact form will not be permitted to attend camp.

I have read and understand all of the policies set forth by the FCD Summer Fun Camp at Edison. I hereby fill up the form by all the truth according to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_