Rockland Community College Summer Camp Program

Sports Academy and Kids College

845-574-4457 or 574-4451

HEALTH RECORD

Parents please fill out a Health Record for each child and return with the application.

Name_____

Address _____

Telephone _____ Age_____ Birth Date _____

Height _____ Weight _____

Are there any impairments in:

	Yes	No
Vision	❑	❑
Hearing	❑	❑
Heart	❑	❑
Lungs	❑	❑
Teeth	❑	❑
Abdomen	❑	❑
Spine	❑	❑
Nose & Throat	❑	❑
Extremities	❑	❑
Nervous System	❑	❑

If yes, please describe impairment on back of this form.

Immunizations: ***Please list all dates.***

Haemophilus type B (HB) _____
Varicella (Chicken Pox) _____
Mumps _____
Measles #1_____ #2 _____
Rubella _____
or MMR #1_____ #2 _____
D.P.T. #1 _____
D.P.T. #2 _____
D.P.T. #3 _____
D.P.T. Boosters _____
O.P.V. #1 _____
O.P.V. #2 _____
O.P.V. #3 _____
O.P.V. Boosters _____
Tine _____
Other _____
Hepatitis B #1 _____
#2 _____
#3 _____

Is there any history of:	Yes	No
Asthma?	❑	❑
Convulsions or fainting?	❑	❑
Allergies (food, drugs, insects, etc.)?	❑	❑
Does child use an EPI-PEN?	❑	❑
Has this child ever been stung by a bee?	❑	❑

If yes to any of above, please indicate the degree of reaction and special orders for immediate treatment. Common antihistamines are kept at camp. These, as any other medication will be administered by our RN ***only with a physician's order***. (Include written physician's order here).

_____

_____

Medications:

Any medications to be given at camp?_____

(Include written physician's order here)._____

_____

_____

Injuries-Restraints:

Is this child permitted to participate in all forms of physical competition?____

If not, please indicate the reason why _____

_____

PLEASE USE THE REVERSE SIDE OF THIS FORM FOR ANY ADDITIONAL COMMENTS.

PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY (to be completed by parent):

Name	Work Telephone	Home Telephone & cell/beeper
Mother:_____	_____	_____
Father: _____	_____	_____
_____	_____	_____

I hereby authorize the physician selected by the Rockland Community College Summer Camp Program to render whatever treatment he or she may deem necessary in an emergency. I also understand the College is not liable for any accident or injury my child may suffer at the Sports Academy/Kids College. In addition I give permission for the above mentioned child to be photographed/video taped during the camp session. I understand it is for the purpose of publicizing and promoting Rockland Community College's programs/services and no compensation will be offered to the child or the family if the photos/videos are used.

I hereby give my child/children permission to attend the Sports Academy/Kids College.

Parent's Signature _____ **Date** _____

MUST BE SIGNED