SUMMER 2019 EXPLORATIONS

Last Name	First	MI	Birth Date	Sex	Grade in Fall 2019

Address	City	State	Zip

Home Phone	Cell Phone	Father's Name	Mother's Name

In Case of Emergency Contact ______________________________ *Phone* ______________________

*Physician's name*______________________________ *Phone* ______________________

*Health History: Check if applicable

Any condition affecting child's ability to participate in program activities.

- ❑ Asthma
- ❑ Allergies
- ❑ Diabetes
- ❑ Hearing or vision problems
- ❑ Communicable Disease
- ❑ Neurological problem
- ❑ Heart Problem

Other: ______________________________

*Please explain all problems circled:*______________________________

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* Child's name will be on a medic alert sheet that will be shared with staff who are in contact with your child

*Significant Allergy	Reaction	Treatment	Prescription/Dose

Immunizations and vaccinations (list month, day and year administered)

IMMUNIZATIONS: All campers shall be immunized with the vaccinations required for school attendance, as appropriate for the child's age, according to the immunization schedule set forth at Immunization of Pupils in School, N.J.A.C. 8:57-4.1. IMMUNIZATION DATES ARE REQUIRED (MM/DD/YYYY). Copies of immunization forms from health care providers are acceptable. Please attach to this form.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DPT/TD					
Polio					
MMR					
Varicella					
Hepatitis B					
HIB					
Pneumococcal Conjugate (PCV)					
Meningoccal Vaccine					
Influenza Vaccine					

Mantoux Tuberculin: Date: __________ Result: __________ Treatment: __________

Please note: International students must present proof of recent Mantoux Tuberculosis test. If it is postive, a chest xray or other necessary treatment must be taken and documentation submitted and reviewed, before attending Summer Explorations.

Medication

- ❑ This camper will not take any daily medications while attending camp
- ❑ This camper will take medications while at camp. If checked, **parents must complete Permission for Prescription Medication form**.

The following non-prescription medication can be given on as needed basis. Please specify ______________________________

Authorization for Participation/Health Care at Summer Eplorations

- ❑ I have reviewed the program and activities of the Summer Explorations program and feel the child can participate without restrictions.
- ❑ I have reviewed the program and activities of the Summer Explorations program and feel the child can participate with the following restrictions or adaptations. Please describe below.

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This health form is correct and accurately reflects the health status of the child to whom it pertains. The person described has permission to participate in all program activities except as noted above. I give permission to the health care provider at Summer Explorations to provide treatment for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the health care provider at Summer Explorations to secure proper treatment for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form.

Signature of Custodial Parent/Guardian: ______________________________ Relationship to Camper: ______________________

Date: ______________________