

Woodmont Summer Camp

Correspondence: 3728 Park Ave. Wantagh NY 11793 (516) 409-4414

Health Information

(To be completed by parent)

Information on this form is gathered to assist Woodmont Sports Program in identifying appropriate care. This form is to be filled out by the parents/guardian of campers.

Name _____ Birth date _____ M / F Age _____

Health History

Check if child has had any of the following:

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ Mononucleosis
- _____ Chicken Pox

Operations or serious injuries (w/ dates)

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (send with doctor's note and instructions in order for drug to be administered) _____

Allergies

- _____ Hay Fever
- _____ Ivy Poisoning, etc.
- _____ Insect Stings
- _____ Penicillin
- _____ Other drugs
- _____ Asthma
- _____ Latex
- _____ Other (Specify)

Name of dentist/orthodontist

phone: _____

Name of pediatrician

phone: _____

Suggestions on health related information for camp personnel

Medication and Treatment Authorization

I hereby give permission to the medical personnel selected by the camp director to administer prescribed medications and/or over the counter medications, which both require a doctor's note to be administered. In the event of any emergency, injury or illness, I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment, including hospitalization, and to provide or arrange necessary related transportation for the person named above. All completed forms may be photocopied for trips out of camp.

Signature of parent/guardian _____ Date: _____

Form due June 1st