

RYE BROOK RECREATION CAMP HEALTH AND REGISTRATION FORM

Please fill out form and return to the Recreation Department with a check. Questions 1 through 6 are to be completed by your child's physician and Questions 7-13 is to be completed by a legal guardian.

LAST NAME	FIRST NAME	DATE OF BIRTH	SEX
ADDRESS	CITY/STATE	ZIP CODE	PHONE #
SCHOOL	Grade entering in Sept. 2017	Email	

ALL CHILDREN ATTENDING DAY CAMP MUST HAVE AN UP TO DATE IMMUNIZATION RECORD THAT INCLUDES THE FOLLOWING (PLEASE HAVE YOUR DOCTOR LIST THE DATES).

- | | <u>Date of shot</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. Four or more doses of Diphtheria/Tetanus Toxoid | ___/___/___ |
| 2. Three or more doses of Oral Polio Vaccine or four or more doses of Inactive Polio Vaccine Salk given after 1968 | ___/___/___ |
| 3. One dose of live Measles Vaccine given after 1 year of age. | ___/___/___ |
| 4. One dose of live Mumps Vaccine given after 1 year of age. | ___/___/___ |
| 5. One dose of live Rubella Vaccine given after 1 year of age. | ___/___/___ |
| 6. Is the child taking any prescribed medication?
If the answer is yes, what is the medication?
Would your child be taking the medication during the camp day? | YES ___ NO ___

YES ___ NO ___ |

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Physician's Signature | Date |
| 7. Has your child had any recent operation or injury?
If yes, please explain _____ | YES ___ NO ___ |
| 8. Has your child been exposed to any communicable disease within the last 3 weeks?
If yes please list _____ | YES ___ NO ___ |
| 9. Please list food, which your child is allergic to if any _____
Please list drug, which your child is allergic to if any _____
Is your child allergic to insect/bee bites? | YES ___ NO ___ |
| 10. is there any emotional or physical disturbance?
If yes what treatment or care has been given? _____ | YES ___ NO ___ |
| 11. Do you want your child to participate in our swim program? | YES ___ NO ___ |
| 12. Is there any reason why your child may not participate in any activities?
If so, please explain _____ | YES ___ NO ___ |

FOR EMERGENCY USE:

Parents' daytime numbers () _____ () _____
 If a parent cannot be reached: Name/Relationship _____
 Telephone numbers () _____ () _____

Neighbor or relative who would know where a parent could be reached, or who would be able to pickup the child if necessary:

Name: _____ Address _____ Phone () _____ - _____
 Child's Physician: _____ Address _____ Phone () _____ - _____

I hereby authorize my child/children whose name(s) appears above to participate in the above program/s sponsored by the Rye Brook Parks and Recreation Department. I hereby release the Village of Rye Brook, Carver Center, their servants and employees from any liability for personal injuries or property damage sustained by my child/children, in connection with such participation. In case of injury, I authorize a Recreation Staff member to take my child/children to the hospital for treatment. I hereby authorize my child to swim at the Carver Center.

Parent/Guardian's Signature