

ST. PATRICK'S YOUTH COMMUNITY HEALTH FORM

****THIS CARD & IMMUNIZATION RECORD MUST BE RETURNED WITH YOUR REGISTRATION FEE****

Child's Name _____

Week/Session(s) _____

DOB _____ Age _____

School _____ Ht _____ Wt _____

Father's Name _____

Mother's Name _____

Street _____

Street _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

EMERGENCY CONTACT (other than yourself)

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Your child will not be released to anyone other than the parent without written consent, (if parental custody issue exists, legal document required).

Family Physician _____

Telephone # _____

Family Dentist _____

Telephone # _____

1. Medical Condition(s) _____
2. Allergies (e.g.: food, drug, other) _____
3. Medication(s) _____
4. Disabilities (e.g.: vision, learning, emotional, orthopedic) _____

****PARENTS PLEASE NOTE:** The Bureau of Child Development & Parent Education indicates that under Section 2164 of the Public Health Law Amended Mandate, pre-admission immunizations are required. You may obtain this information from your Doctor's office. Your child does not require a complete physical examination, however, your child **CANNOT BE ADMITTED TO THE CAMP WITHOUT THE IMMUNIZATION RECORDS COMPLETED, SIGNED & STAMPED BY YOUR PHYSICIAN.**

I, _____, do hereby release St. Patrick Camp, St. Patrick Youth Community & St. Patrick Church of any responsibility for any illness and/or injury incurred by my child, _____, while attending Camp St. Patrick. I give my consent for emergency treatment of my child if necessary. I also understand that no medication will be given to my child without a written Doctor's note & parental permission. This includes Tylenol.

FIELD TRIPS: Permission is hereby granted to the director & counselors of St. Patrick's Camp to take my child on trips outside camp as part of the regular camp program.

SWIMMING: My child _____ **can** _____ **cannot** swim. I understand that if he/she cannot swim, he/she will only be allowed to use the Kiddie area. I absolve St. Patrick's Camp of any responsibility. There will be a Counselor at all times in the Kiddie area.

Parent/Guardian Signature: _____

Date _____