

732-446-7035 phone
732-446-5623 fax

IVY LEAGUE DAY CAMP

140 Gordons Corner Road
Manalapan, NJ 07726

Camper Grade _____
Next September _____

PERSONAL HEALTH AND MEDICAL FOR CAMPER

Directions: Please complete BOTH SIDES of this form.

Camper _____ Date of Birth _____

Address _____ Age _____ Sex _____

City _____ State _____ Home Phone _____

Mother/Guardian Name _____ Business () _____ Cell () _____

Father/Guardian Name _____ Business () _____ Cell () _____

IN AN EMERGENCY PLEASE NOTIFY (someone close to camp who is available during the day)

1. Name _____
Address _____
City & State _____
Relationship _____
Home Phone _____
Other Phone _____

2. Name _____
Address _____
City & State _____
Relationship _____
Home Phone _____
Other Phone _____

CURRENT HEALTH ISSUES

(check and give details)

Asthma _____ High Blood Pressure _____
Seizures _____ Fainting Spells _____
Diabetes _____
Heart trouble _____
Allergy or reaction to any medicine, food, plant, animal
or insect toxin. Explain: _____

APPROVED FOR PARTICIPATION IN:

All Activities including competitive sports and
water activities

Explain any restrictions _____

Attach recent photo here:

IMMUNIZATIONS (must be completed each year as
required by the State) **PLEASE ATTACH MOST RECENT
COPY OF IMMUNIZATIONS**

MEDICAL HISTORY

Date of most recent physical exam (month and year) _____

Is camper taking any medication? No Yes (explain) _____

Is camper currently under medical care? No Yes (explain) _____

Has there been any surgery, illness, allergy or change in health status since the last complete physical exam? No _____

Yes _____ Explain _____

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Camper's Social Security Number _____

Do you carry family medical/hospital insurance? No ___ Yes-indicate carrier _____

Policy or group _____ Social Security # of Policy Number _____

CIRCLE ALL THAT CURRENTLY APPLY: (Explain in the space below)

Tetanus	Chest, Lungs	Hernia	Physical Disability
Heart	Back, Limbs, Joints	Immune Deficiency	Serious Illness/Injury
Murmur	Surgery	Sleepwalking	Skin, Glands
Rheumatic Fever	Stomach, Bowels	Behavioral Condition	Ears, Hearing Aids
Kidneys, Urine	Eyes, Contacts, Glasses	Nose, Sinus, Tonsils	Menstrual Problems
Infection	Teeth	Dentures, Braces	Other
Bed Wetting		Palate expanders	

Explain: _____

Treatment

In the event of a minor medical emergency, the Camp Nurse has my permission to administer the following over-the-counter medications according to the label instructions, at her discretion:

Chloroseptic Spray No ___ Yes ___ Acetaminophen (Tylenol) No ___ Yes ___ Tums No ___ Yes ___

Benadryl Spray No ___ Yes ___ Benadryl Elixir Tablets No ___ Yes ___

Medical Authorization

I, _____, parent or guardian of _____

authorize any physician, nurse or other health care provider, to communicate with the medical staff and director of **Ivy League Day Camp**, or their designee, about my child's medical condition, treatment, and/or prognosis.

We further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

To the best of my knowledge, the medical history is correct and complete. I know of no reason to restrict my camper's activity and give my permission for participation in all activities except as specifically noted herein. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selection by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Date: _____

Parent or Legal Guardian

PARENT SIGNATURE MUST BE NOTORIZED FOR POST GRAD CAMPERS ONLY

Notary Public _____ Date: _____