

**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	AGE	SEX
ADDRESS	CITY/STATE	ZIP CODE	PHONE #	BUSINESS#

SCHOOL	Grade entering in Sept. 2021	Email
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**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?<br>If the answer is yes, what is the medication?<br>Would your child be taking the medication during the camp day? | YES ___ NO ___<br>YES ___ NO ___ |

- |                                |               |
|--------------------------------|---------------|
| _____<br>Physician's Signature | _____<br>Date |
|--------------------------------|---------------|
7. Has your child had any recent operation or injury? YES \_\_\_ NO \_\_\_  
If yes, please explain \_\_\_\_\_
  8. Has your child been exposed to any communicable disease within the last 3 weeks? YES \_\_\_ NO \_\_\_  
If yes please list \_\_\_\_\_
  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? YES \_\_\_ NO \_\_\_  
If yes what treatment or care has been given? \_\_\_\_\_
  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? YES \_\_\_ NO \_\_\_  
If so, please explain \_\_\_\_\_

**FOR EMERGENCY USE:**  
 Parents' daytime numbers/names ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 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, Port Chester, NY.

\_\_\_\_\_  
Parent/Guardian's Signature