

# OUR KIDS DAY CAMP II, INC.

661 Budd Road  
Woodbourne, NY 12788

Phone: 845-434-3788 Fx: 845-209-2587  
helen@okdc2.com

## CAMP HEALTH FORM

**\*\*The Camp Health Form MUST be filled out for each Camper EVERY year. PLEASE fill out both sides COMPLETELY and SIGN\*\***

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number City State/Zip

### If not available in an emergency notify:

1) \_\_\_\_\_ Name Phone \_\_\_\_\_ 2) \_\_\_\_\_ Name Phone: \_\_\_\_\_

### Health History:

Circle Yes or No	YES/NO	Allergies	YES/NO	Has your camper had:	YES/NO
Frequent Ear Infections	YES/NO	Hay Fever	YES/NO	Chicken Pox	YES/NO
Heart Defect/Disease	YES/NO	Poison Ivy	YES/NO	Measles	YES/NO
Convulsions	YES/NO	Insect Stings	YES/NO	Mumps	YES/NO
Diabetes	YES/NO	Penicillin	YES/NO	ASTHMA	YES/NO
Bleeding/Clotting Disorders	YES/NO	Other Drugs:	YES/NO if Yes, specify _____		

Operations or serious injuries YES/NO If yes, indicate what kind and dates \_\_\_\_\_

Chronic or recurring illness or disease \_\_\_\_\_

Special Diet? YES/NO If yes, specify \_\_\_\_\_

Are there any Activities your child should be restricted from at camp? YES/NO

If yes, Specify which ones: \_\_\_\_\_

### • MEDICATION

**ALL MEDICATIONS (OVER THE COUNTER OR PRESCRIBED) MUST BE KEPT IN THE OFFICE. ALL MEDICATION, INCLUDING OVER THE COUNTER, MUST BE PRESCRIBED BY A DOCTOR. PLEASE BRING ANY MEDICATION BEFORE CAMP STARTS. THE MEDICATION MUST BE IN THE ORIGINAL PRESCRIBED BOTTLE WITH THE TIME AND DOSAGE, INDICATED BY A DOCTOR.**

Is your child taking any medications? YES/NO If yes, please indicate what kind \_\_\_\_\_

What is the medication for? \_\_\_\_\_

Are you sending any kind of medication to camp? YES or NO

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Does your child have any current physical, mental, or psychological conditions? If yes, indicate what kind

Is there any medication, treatment, or special restrictions or considerations, while at camp? \_\_\_\_\_

**IMPORTANT:** Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical/hospital insurance? YES/NO

If yes, Indicate: Carrier: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

It is understood that the camper's medical insurance is the primary insurance, in case of medical attention.

**IMMUNIZATION HISTORY** Please attach a copy of your child's immunization record. All campers must have this on file.

Please initial

\_\_\_\_\_ If my child is sick, I will keep him/her home.

**Accidents and injuries occur during sporting activities. Our Kids Day Camp cannot be held responsible for injuries occurring during these activities. We cannot be held responsible for medical expenses due to injuries or communicable diseases during camp.**

## **Important –Permission to Treat**

**Parent's Authorization.** This health history is correct. The camper described in this health form has permission to engage in all prescribed camp activities, except as noted.

I hereby give the camp medical personnel permission to treat my child within their medical credentials.

In case parents cannot be notified, in the case of an emergency, I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child. I also give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

**I HAVE READ THE CAMP'S POLICIES AND PROCEDURES WITH MY CAMPER AND WE FULLY UNDERSTAND ALL THE RULES AND REGULATIONS OF OKDC.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## COVID HEALTH POLICY 2022

In the event your child tests positive for Covid, he or she must follow doctor's orders and is not allowed to return to camp without a negative covid test.

In the event a camper in your child's group tests positive for Covid, you will be notified immediately and he or she is not permitted to return to camp without a negative covid test.

There will be no refunds for extended absences due to covid.

**I HAVE READ THE CAMP'S POLICIES AND PROCEDURES REGARDING COVID AND FULLY UNDERSTAND THE RULES AND REGULATIONS OF OKDC.**

 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_