

CAMP HEALTH AND DATA FORM



(718) 634-8109
(718) 318-3609 (FAX)

Camper # _____

Return To: *Magic Carpet Day Camp*
P.O. Box 171
Fort Tilden, NY 11695

This form is to be completed by the parent or guardian at an Open House or return is requested by May 1

Child's Last Name _____ First Name _____ Birthdate _____ M F
 Home Address: _____ Phone: _____
 Parent or Guardian: _____ Phone: _____
 Place of Employment: Father _____ Phone: _____
 Mother _____ Phone: _____
 In case of emergency, notify: _____ Phone: _____
 If Parent, Guardian are not available in an emergency, notify: Relationship to child: _____ Phone: _____
 1. _____ Phone: _____
 2. _____ Phone: _____
 3. _____ Phone: _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance:
Yes _____ No _____ If yes, state type of exposure: _____

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

Conditions

- Asthma _____
- Rheumatic Fever _____
- Seizures _____
- Eczema _____
- Heart _____
- Bladder _____

- Diabetes _____
- Stomach _____
- Diabetes _____
- Nosebleeds _____
- Motion Sickness _____
- Behavior _____

Allergies

- Hay Fever _____
- Poison Ivy, etc. _____
- Insect Stings _____
- Penicillin _____
- Other Drugs _____
- Nuts _____
- Other Foods _____

Other Past Illnesses and Conditions: _____
Though we follow our own procedures, please describe what measures are generally taken at home for the above. _____

Operations or Serious Injuries (Describe and give Dates) _____

Hospitalization (Reason and Dates) _____

Chronic or Recurring Illnesses (List) _____

Specific activities to be encouraged? _____

Conditions that modify or restrict activity (Seizures, Amnesia, Heart Condition, etc.) _____

Permission for all program activities unless otherwise noted by Dr. _____

Suggestion from Parent/Guardian _____

Medication Taken At Home Yes No If yes, list: _____

Medication Taken At Camp Yes No If yes, list: _____

(If yes, written instructions will be required from your physician before camp begins. See notes in the Announcement Booklet.)

Appliance(s) Worn (Glasses, contacts, braces, etc.) _____

Will an inhaler for Asthma or a breathing problem be brought to camp? Yes No

Has your child attended Magic Carpet previously? Yes No Has a sibling attended Magic Carpet in the past? Yes No

If your child has not attended previously, how did you find out about us? Friend or Relative (Their Name) _____

School Newsletter (Which One?) _____ Organization or Job (Which One?) _____

Advertisement (Which newspaper or source?) _____ Internet (Which Site?) _____

Telephone or Directory (Which One?) _____ Other (Where?) _____

What grade will your child be entering in September? _____

How would you describe your child? Shy Sociable Very active Other If other, explain: _____

What are your child's special interests, talents, and hobbies: _____

Your child's athletic abilities would best be described as: Needing improvement Fair Good Outstanding

Your child's swimming abilities would best be described as: Nonswimmer Beginner Intermediate Advanced

Does your child know a staff member who will be attending this summer? Yes No If yes, please list: _____

Does your child know another camper who will be attending this summer? Yes No If yes, please list: _____

Is there another child in camp who you would like in your child's group. Please list: _____

(Though we cannot guarantee all requests, we will do so whenever possible.)

Is your child a fussy eater? Yes No List forbidden foods because of health and/or dietary restrictions: _____

List foods not eaten because they are disliked: _____

Does your child have special needs that you wish to share with us in order to make his or her stay more pleasant? _____

Further Notes: _____

(If more room is needed, please use the reverse side)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp Staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Parent's Signature _____ Date _____ Tele. # _____