

Medical History Form

Childs Name: _____ Age: _____ Date of Birth: _____

Weeks Attending: _____ Gender: M _____ F _____

Parent/Guardian: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-Mail: _____

Emergency Contact Information:

Name: _____ Relationship to Camper: _____

Address: _____

Phone #: _____ E-Mail: _____

Physician Information:

Physician: _____ Office Phone #: _____

Family Medical/Hospital Insurance Carrier: _____

Policy or Group #: _____

This health history and information is correct as far as I know. The person herein described has permission to engage in all camp activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests, to hospitalize, secure proper treatment for and to order injections or anesthesia and/or surgery for my child as named above.

I, _____, do hereby recognize the risks of illness and injury inherent during the time of the use of The Town of Hyde Park recreational facilities. Therefore, I do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I and/or my guests and participants may have against the Hyde Park Recreation Department, their agents, representatives, successors and assigns for any all injuries suffered by the undersigned and his/ her guests and participants during this event.

See Reverse 

HEALTH HISTORY

Do you have or are subject to any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting Reaction |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Fainting Spell | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Disease/Defect |
| <input type="checkbox"/> Mental Condition | <input type="checkbox"/> Poison Ivy Sensitive |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Sports Restriction |
| <input type="checkbox"/> Swimming Restrictions | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Allergy or Drug Reaction | <input type="checkbox"/> Dietary Restriction |

Please explain any of the above: _____

If female: _____ Started Menstruation. If no, has been told about it? _____

Provide dates of the following if you have had:

_____ Measles _____ Mumps _____ Chicken Pox
_____ German Measles _____ Mononucleosis _____ Diphtheria

Any operations or serious injuries:

(Include Dates) _____

Any Disability or Chronic Illness: _____

Any restriction of activity for medical reasons: _____

Please list all required medication, including over the counter medications:

(Include specific dose)

Are there any medications that will need to be dispensed during camp hours? If so, please list. You must attach a doctor's note authorizing administration by camp personnel.

Please attach to this form, the most recent immunization record for this individual.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: ____/____/____

Hackett Hill Pick-Up Release Form

Camper(s) Last Name: _____

Camper(s) First Name: _____

Parent/Guardian Name: _____

Daytime Phone: (____) _____ (____) _____

Please fill out the full name, daytime phone number, and relationship to your child(ren) of the individuals that you permit to pick your child(ren) up at will from Hackett hill Day Camp. Remember we will check photo identification at sign-out, so please make sure ALL individuals that may pick your child(ren) up are listed. Please also remind these individuals to have their photo ID's ready.

1. Name: _____

Daytime Phone: (____) _____ Relationship: _____

2. Name: _____

Daytime Phone: (____) _____ Relationship: _____

3. Name: _____

Daytime Phone: (____) _____ Relationship: _____

4. Name: _____

Daytime Phone: (____) _____ Relationship: _____

If you have more than four people that will be allowed to pick up your child, please list name, daytime phone numbers, and relationships to the child on the back of this form.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: ____/____/____

Photo/Video Release Form

At Hackett Hill we will be taking photos and videos to document our fun weekly activities! At times, these may be used to create projects, which may displayed at camp. Photos and videos may also be posted to our Facebook page. Any posts of campers will be anonymous, no names will be included.

Please check the box you are most comfortable with, sign the bottom of the form, and return it to Hackett Hill Day Camp by Tuesday morning. Please fill out one form for all children attending.

Camper(s) Last Name: _____

Camper(s) First Name: _____

I give my permission for Hackett Hill to take photos/videos of my child(ren) and for those images to be used in camp projects and to be posted on the Hackett Hill Camp Facebook page.

I **DO NOT** give my permission for Hackett Hill to take photos or videos of my child(ren)

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: ____/____/____

Campers Code of Conduct

Youth participating in or attending any of the Hyde Park Recreation Department's Summer Day Camps, Specialty Camps, or Swimming Programs are required to conduct themselves according to the following Code of Conduct:

All Campers MUST adhere to the following:

- Campers MUST stay with their Groups and Counselors AT ALL TIMES
- Campers must wear appropriate clothing, like socks, sneakers, etc.

The following are NOT permitted during Day Camp Hours of Operation:

- Physical, verbal, mental or emotional abuse of another person
- Possession, consumption or distribution of alcohol, drugs or tobacco
- Theft, destruction or abuse of property
- Possession or use of a weapon or any other harmful object with the intent to hurt or humiliate another person
- Other conduct deemed inappropriate by the Camp Director

If this code is violated, the following steps may be taken:

- The adult chaperone for the youth involved in the violate will be made aware of the situation
- The parent/guardian will be notified of the incident
- The parent(s)/guardian may be called and asked to arrange for transportation home
- The Camper may be barred from participating in Town Day Camps
- If any laws are violated, the case may be referred to the police

I, the Camper, have gone through these rules with an adult and understand that I must behave by these rules to keep my Summer Camp privileges

Camper(s) Signature Date

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: ____/____/____