

HEALTH & WELLNESS RECORDS



New Camper Returning Camper Sibling of Returning Camper

Child's Name: _____ Home #: _____

Address: _____

Town: _____ State _____ Zip: _____

D/O/B: _____ Grade as of Sept 2017: _____ Boy/Girl: _____

Child's Shirt Size: ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL

Parent/Guardian Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Address: (if not the same as camper) _____ Town: _____ Zip: _____

Parent/Guardian Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Address: (if not the same as camper) _____ Town: _____ Zip: _____

Is your child allergic to any medication/foods/insect stings? Please list: _____

What type of reaction do they have to the above medication/foods/insect stings? (Please be specific)

Does your child have an epipen? ___ YES ___ NO Will they be bringing the epipen to camp? ___ YES ___ NO

Does your child use an inhaler? ___ YES ___ NO Will they be bringing the inhaler to camp? ___ YES ___ NO

Does your child take any meds daily? ___ YES ___ NO Will they be taking them at camp? ___ YES ___ NO

(If answered yes to any of the above please fill out a medication form available online and at the skating center)

Does your child have any medical/physical restrictions? _____ YES _____ NO

If yes, please list & explain: _____

Do you give us permission to administer Tylenol to your child? ___ YES ___ NO (Will not administer without calling first)

How does your child react to injury? _____

Has your child been identified as needing support or supplemental services in any of the following areas?

- | | |
|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Emotional (i.e. anxiety, fears) |
| <input type="checkbox"/> Behavioral (i.e. ADD/ADHD) | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Health (i.e. diabetes, allergy) | <input type="checkbox"/> Speech |

Please describe the nature of these services: _____

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Doctor's Name: _____ Phone #: _____

Insurance Co: _____ Group #: _____

Policy #: _____ Primary Insured: _____

Have there been any changes in your child's family situation in the past year (family move, separation, divorce, death, new school, birth, etc.) What Changes? What effect did it have on your child?

Has your child ever attended a summer camp before? _____ What Camp? _____

What does your child like to do in his/her free time? _____

Describe how your child interacts with his/her peers? _____

Do you have any specific concerns? Please explain. _____

Any photos or video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial remuneration is available should such a picture or video be used. **Initial if you DO NOT wish your child's photo to be used throughout the skating center or online.** _____

The health history information provided on this form is correct. My child has permission to engage in all camp activities and be transported to and from field trips that I have selected for him/her. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp Director if there is a change in my child's medical information.

Parent Signature

Date

IMMUNIZATION RECORDS

Camper's Name: _____ Grade as of Sept 2017: _____

Please either attach the most recent copy of your child's immunization records or have your physician fill out the form below.

If your child attended our camp in summer 2017 and has not had ANY new immunizations, you may check below and we will use last year's records. This does not apply to records submitted prior to 2016. All others MUST have this updated and returned to us prior to attending our camp.

If your child was in our camp in summer 2017 and they have not had any new shots please initial here: _____

DPT: _____	DPT: _____	DPT: _____	DPT: _____
Td: _____	PREVNAR: _____	PREVNAR: _____	PREVNAR: _____
POLIO: _____	POLIO: _____	POLIO: _____	POLIO: _____
MMR: _____	MMR: _____	VARICELLA: _____	VARICELLA: _____
HEP B: _____	HEP B: _____	HEP B: _____	
HIB: _____	HIB: _____	HIB: _____	

Physician's Signature and Stamp

Date

BEHAVIOR MANAGEMENT POLICY

(One per family)

Camper's Name: _____ Grade as of Sept 2017: _____

Camper's Name: _____ Grade as of Sept 2017: _____

The DSC Summer Day Camp wants all of our campers to have a rewarding and memorable experience. In order for this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a safe, positive and, most importantly, fun summer.

Camp Rules:

- To treat myself, others, and our camp with care, honesty, respect and responsibility.
- To follow directions and instructions from all staff.
- To stay with their group and counselor at all times unless given permission to do otherwise.
- To keep hands, feet and all other body parts to myself.
- Be responsible for all personal belongings.
- To respect all camp facilities, equipment and property.
- To not use any foul or inappropriate language at any time.
- To Have Fun!!

Camper Consequences:

- Redirection of camper
- Verbal warning or time out
- Visit Camp Director and call home. Child will speak to parents at that time.
- In the event that a second phone call is necessary, the child will be sent home.
- In the event of consistent or excessive failure to follow the rules, the camper will be sent home or removed from camp permanently. If the camper severely endangers the physical, mental or emotional health of another individual, the camper will be sent home immediately and removed from camp permanently.
- DSC reserves the right to terminate a child's enrollment at our discretion.

Behavior Management/Discipline Agreement

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy, and understand that in the event my child is sent home and suspended for failure to follow the rules, I will not receive a refund for any camp monies for that time. If my child is removed from the camp permanently I will not receive a refund for that week. My contract will be terminated at the end of the week that the camper was sent home.

Signature of Parent/Guardian _____ Date: _____

Signature of Camper: _____ Date: _____

EMERGENCY CONTACT CARD

(One card per family)

Campers will not be released to anyone not listed on this card. All names listed below must be as they appear on their photo ID and must be at least 18. **Everyone must show photo identification, including parents.** Any changes must be made in person or via email by the parent/guardian who signed the child up. People picking up or dropping off your child may receive notes/messages regarding payments due, any incidents that occurred that day, etc.

LAST NAME: _____

CHILD'S FIRST NAME: _____ Grade as of Sept 2017: _____

CHILD'S FIRST NAME: _____ Grade as of Sept 2017: _____

CHILD'S FIRST NAME: _____ Grade as of Sept 2017: _____

Parent: _____ Cell #: _____ Work #: _____

Parent: _____ Cell #: _____ Work #: _____

In addition to the parents, please list below anyone else you authorize to pick up your child from camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____