

PARISH SUMMER RECREATION/DAY CAMP 2009

This side is to be filled in by parent/guardian of minors or by adult campers' staff members themselves.

Name _____ Birth Date _____ Sex ____ Age ____
(Last) (First) (MI)

Parent or Guardian _____ Phone _____
Cell _____ E _____

Home Address _____
(Street & Number) (City) (State) (Zip Code)

Business Address _____ Phone _____
(Street & Number) (City) (State) (Zip Code)

Second Parent or Guardian _____ Phone _____
Cell _____ E _____

Home Address _____
(Street & Number) (City) (State) (Zip Code)

Business Address _____ Phone _____
(Street & Number) (City) (State) (Zip Code)

*If not available in case of an emergency, notify:

Name _____ Phone _____

Address _____
(Street & Number) (City) (State) (Zip Code)

Name _____ Phone _____

Address _____
(Street & Number) (City) (State) (Zip Code)

Health History: (Check giving approximate dates)

Frequent Ear Infections _____	Mononucleosis _____	<u>Allergies</u>
Heart Defect/Disease _____	<u>Diseases</u>	Hay Fever _____
Convulsions _____	Chicken Pox _____	Ivy Poisoning _____
Diabetes _____	Measles _____	Insect Stings _____
Bleeding/Clotting Disorder _____	German measles _____	Other Drugs _____
Hypertension _____	Mumps _____	Asthma _____

Food allergies _____

Operations or serious injuries (Dates): _____

Disability or chronic or recurring illnesses: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Is your child in need of a bee sting kit? _____

Does your child need an inhaler? _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. Please record the date, month, and year of basic immunizations. Note: A copy of the child's records may be attached to this page in place of filling in the chart.

VACCINES YEAR OF BASIC IMMUNIZATION YEAR OF LAST BOOSTER

Diphtheria		
Pertussis (Whooping Cough)		
Tetanus		
Oral Polio (Sabin) TOPV		
Hepatitis B		
HIB shot		
Chicken Pox shot		
Injectable Polio (Salk)		
Measles (Hard Measles, Red Measles, Rubeola)		
Mumps		
Rubella (German Measles, 3 day Measles)		
Other		
Tuberculin Test Given (Most Recent)		

2009 PARISH SUMMER RECREATION/DAY CAMP
DISMISSAL SHEET

CAMPER'S NAME: _____ AGE: _____

Mother/Guardian #1 _____ Phone _____ C _____

Father/Guardian #2 _____ Phone _____ C _____

Emergency Contact _____ Phone _____ C _____

My child will arrive to camp:

Walk/bike _____ Parent/Guardian _____ Other _____

If other, please specify: _____

My child has permission to walk or bike home after camp:

Yes _____ No _____

Other than the 3 names above, the following people are allowed to pick up my child during the recreation program:

1. _____
(Name) (Phone)

2. _____
(Name) (Phone)

3. _____
(Name) (Phone)

*I understand that this form is for the safety of my child. I know and understand my responsibility as a parent/guardian in regards to dropping off and picking up my child. I have completed this form to the best of my knowledge. If phone numbers change during the course of the summer I will immediately notify the camp director.

Parent/Guardian Signature:

X _____

T-Shirt Order Form

All participants **MUST** purchase a t-shirt if they are attending Parish Summer Recreation. Campers are getting new fluorescent green shirts this year and all participants need the same color (no exceptions).

T-Shirt Price: \$5.00

Name of Camper: _____

T-shirt Size: _____
(Small, Medium, Large or X-Large) (Adult or Youth)

With the size please include whether you would like an Adult size or a Youth size.

For our use only please

Paid: _____

Cash or Check (check # _____)