

Amity Township Day Camp Health History Form 2009

Child's Name: _____ DOB: ___/___/___ Sex: ___

Address: _____

Family Doctor: _____ Doctor's Phone: _____

1. List any known allergies (include bee stings, food and drug allergies).

2. List **ALL** medications the participant uses on a regular basis:

3. Does the participant have any physical conditions that limit his/ her participation in any activities? Yes No

If YES please explain:

4. Is the camper subject to seizures? Yes No

If YES please explain: _____

5. May your child participate in (non swimming) water games and activities? Yes No

6. Please list any additional information you feel we should know in order to better serve your child:

Waiver: I hereby waive any and all rights for myself, my heirs, executors, and administrators this enrollee may have against Ozzy's and Amity Township or it's representatives, agents, and successors for any and all injuries the participant may suffer in connection with his/ her participation in any Ozzy's/ Amity Township Summer Camp Program.

Signed: _____ Date: _____

Medical Waiver: We understand that in the case of emergency and we are unable to be contacted, we give permission to Ozzy's/ Amity Township to authorize any emergency action necessary to insure the safety of your child. This does not in any way hold Ozzy's/ Amity Township financially responsible or otherwise liable for any emergency or medical care given. Which hospital do you wish to use if need be?

Hospital: _____ Parents Initials: _____

I grant permission for my child to be transported to off site field trips with parents advanced notice. My child may participate and may be photographed in any and all activities. I grant permission for the photographs to be used in any Ozzy's/ Amity Township publications.

Signed: _____ Date: _____