



FLORHAM PARK DAY CAMP

SUMMER 2018

Medical Form (one per child)



Last Name _____ First Name _____

Gender _____ Date of Birth _____ Grade Entering (Fall 2018) _____ School _____

Street Address _____ Town _____

Email Address _____ Home Phone # _____

Parent # 1 Name _____ Cell # _____ Work # _____

Parent # 2 Name _____ Cell # _____ Work # _____

Health Problems, Allergies, Communicable Diseases: _____

Does your child require the following?

Epi Pen	Yes / No	If so, has your child been trained to self-administer?	Yes / No
Inhaler	Yes / No	If so, has your child been trained to self-administer?	Yes / No
Glucagon	Yes / No	If so, has your child been trained to self-administer?	Yes / No
Medication	Yes / No	If so, has your child been trained to self-administer?	Yes / No

*Please Note: Day Camp does not distribute medication to children. In the event of an emergency, your child's Inhaler, Epi Pen, or Glucagon will be administered by the medical office coordinator. **Parent Initial** _____

Does your child have special needs or receive any special services from his/her school? Circle Yes / No

If yes, please write a brief description (examples: IEP, speech, physical or occupational therapy, counseling, classroom aide, etc.): _____

We comply with the requirements of state and federal law in making reasonable accommodations to facilitate participation. Florham Park Day Camp may refuse admission to any camper with a pre-existing disability, medical condition, or psychological condition if we determine that accommodations for such conditions cannot reasonably be made so that the borough can ensure a safe and enjoyable environment for all children in Day Camp. If there are any special requests, accommodations, or problems related to a disability, medical condition, or psychological condition, please attach an explanation. You will be contacted by a Recreation Department staff member prior to the start of Day Camp. Requests must be made no later than at the time of registration. Information will remain confidential. Failure to supply pertinent information in advance may result in the dismissal of your child from Day Camp without a refund.

Most Recent Immunization Dates: (If this is not complete, your registration will not be accepted.)

Please do not state "up to date" or "19**". Dates must be exact. 00/00/0000

DPT or DT _____ Polio _____ HIB _____ MMR _____ Other _____

Camper's Physician Name _____ Phone # _____

Parent/Guardian Signature

Date