AGC! Big Top & Little Top Summer Circus Day Camps

2017 Health/Medical Form

Important: This form must be completed and signed by parent or guardian before the child may begin camp.
Mail to: AGC!, 279 South Broadway, Nyack, NY 10960.

Camper's Name:_________________________________Age:_____Birthdate:_________Sex:____

Mother's Name:____

Father's Name____

Address:____

City:____State:_____Zip:____________

Home Phone:____

Cell/Work Phone (Mother):____

Cell/Work Phone (Father):____

If parent/guardian not available in emergency please notify:
Name:______________________________________Phone:___________________________

Doctor's Name ____
Doctor's Emergency Contact Info: cell: _______________________ ofc: ______________________

Medical Insurance/Medicaid Number:____

Immunization History: Please list date(s) for the following. In addition to our form, YOU MUST ALSO SUBMIT your child's IMMUNIZATION SCHOOL HEALTH FORM with all immunization dates indicated. If you choose to not immunize your child/ren, you must submit a letter from your doctor and/or the school indicating your exemption. This is a requirement by the Rockland County Dept. of Health.

Diphtheria ____________ Mumps ______________ Rubella __________
Measles ______________ Poliomyelitis ______________ Tetanus __________
Hepatitis B ____________ Varicella (chicken pox) ________ Haemophilus influenza type b_________

Allergies or Sensitivity: Is the camper subject to any of the following conditions? (check all that apply)

☐ Rheumatic Fever ☐ Behavior Problem ☐ Penicillin ☐ Mumps
☐ Sinus Trouble ☐ Drug Allergies ☐ Hay Fever ☐ Asthma
☐ Ear Infection ☐ Fainting Spells ☐ Chicken Pox ☐ Convulsions
☐ German Measles ☐ Diabetes ☐ Insect Stings ☐ Migraines
☐ Bad Back ☐ Autism ☐ ADD-ADDH ☐ Peanuts/nuts of any kind
☐ Irritable Bowel Syndrome ☐ Lactose Intolerant ☐ Gluten Intolerant ☐ Other (explain below)

Does your child have any dietary restrictions? Please explain: _________________________________
Operations or Serious Injuries (Dates):____
Chronic or Recurring Issues/Illnesses____
Other Issues ____

Please provide any other additional information and/or physical limitations that you wish the Camp Director to be aware of: ____

Is the Camper on medication? If so, what? ____

Parents Authorization

This health history form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature____**Date**____________

(Must be signed by parent/guardian)