



Mr. Amazing's AMAZING Circus Summer Day Camps  
**2019 Medical Form**

**Important:** This form must be completed and signed by parent or guardian before the child may begin camp.  
Mail to: Grace Church Nyack, 130 First Avenue, 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)

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

Does your child have any dietary restrictions? Please explain: \_\_\_\_\_

Operations or Serious Injuries (Dates): \_\_\_\_\_

Chronic or Recurring Issues/Illnesses \_\_\_\_\_

Other Issues \_\_\_\_\_

Has your child been diagnosed with a developmental disability? (please describe):  
\_\_\_\_\_

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)**

**Confidence.Imagination.Resiliency.Courage.Understanding.Success.**

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