

**Summer Camp Session**

(please circle one):

1 2 3 4 5 6 7 8 9 AS1 AS2

**Camper Background & Photo Consent**

P.O. Box AB, (2801 Sharon Turnpike) Millbrook, NY 12545 845-677-7600 x 101

**Form Submission Deadlines: Sessions 1 – 5/Art+ Science: June 9; Sessions 6 – 9: July 14**

**Camper's Name** \_\_\_\_\_ Gender Identity \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_

❖ Parent/Guardian 1 \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

❖ Parent/Guardian 2 \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contacts** (if parent or guardian not available) \*This person must have the ability to pick up the child within 30 minutes if we are unable to reach the parent/guardian.

❖ 1) \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Location during camp \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

❖ 2) \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Location during camp \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**Insurance Information:** Is the camper covered by family medical/hospital insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, indicate carrier or plan name: \_\_\_\_\_ Group# \_\_\_\_\_

<b>Physician Name</b>	<b>Dentist Name</b>	<b>Orthodontist Name</b>
<b>Physician Phone</b>	<b>Dentist Phone</b>	<b>Orthodontist Phone</b>

**Hospital Preference** (check one):

- Sharon Hospital (Sharon, CT)     Vassar Brothers (Poughkeepsie)     Mid-Hudson Regional (Poughkeepsie)  
 No Preference

**Please provide complete and honest answers regarding your child's health. These forms will be read solely by camp staff and administration, the health director, and emergency personnel.**

**1) PLEASE CHECK ONE BOX**

- This child **takes NO medication** on a routine basis. (Go to question 2) OR  
 This child **takes** medication, as outlined in the "NYS School Health Examination Form."

Note any discrepancies between the medications listed on the "NYS School Health Examination Form" and what your child will take at camp. Any medications that your child brings must be in the original containers and accompanied by prescriptions from a doctor explaining dosage requirements (including epi-pens). **Even over-the-counter medications require a *signed* physician's note - this includes items such as first aid topical ointments.**

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Campers taking any prescription medications while at camp **MUST be able to self-administer the medication** under the supervision of the Camp Health Director/Designee. Camp Health Directors are only permitted to dispense medications that are listed on the "NYS School Health Examination Form."

**2) Allergies\*:** Please list all allergies to food, animals, medication and other substances (insect stings, hay fever, etc.), and describe the reaction/management of the reaction.

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\*\*\*Because we spend so much time afield, we carry an **epi-pen** that will be administered if a camper with previously unknown allergies enters anaphylactic shock. We will make our best effort to contact Emergency Medical Service personnel before administering the epi-pen, and will contact the child's caregiver as soon as possible. Please speak with Cary camp staff if you have questions or concerns about this protocol.

**3) Restrictions** (The following restrictions apply to this individual.)

**Does not eat:**  Dairy Products  Nuts  Other (describe)\_\_\_\_\_

**Explain any restrictions to physical activity** (e.g. what adaptations or limitations are necessary)

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#### 4) Health History

Has/does the camper...	Circle One	Please explain any "yes" answers.
1. Had any recent injury, illness or infectious disease?	Yes    No	
2. Have a chronic or recurring illness/condition?	Yes    No	
3. Ever had surgery?	Yes    No	
4. Have frequent headaches?	Yes    No	
5. Have ADD, ADHD, or other behavioral disorder(s)?	Yes    No	
6. Ever had a head injury?	Yes    No	
7. Have diabetes?	Yes    No	
8. Have asthma?	Yes    No	
9. Ever had seizures?	Yes    No	
10. Ever had an allergic reaction to bees/nuts/animals?	Yes    No	

**Please provide additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware.** Remember, our activities include group and individual games, experiments, handling of fish and amphibians, arts and crafts and hiking.

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### 6) Sunscreen/Insect Repellant

In June, 2017, the New York State Assembly passed public health legislation allowing summer campers to carry insect repellant with written permission of a parent or guardian. The goal of this law is to protect children from black-legged ticks, which are known to carry Lyme disease.

In accordance with this legislation, we must keep a written record if you grant permission for your child to: 1) carry their own insect repellant and 2) receive assistance from camp personnel in applying their insect repellant if they ask for our help.

I grant permission for my child to carry insect repellant this week and for camp staff to assist them with repellant application if they ask for help: Yes \_\_\_\_\_ No \_\_\_\_\_ 

I grant permission for Cary Institute to provide the following for my child if they don't bring their own (Circle one):

<b>FDA-Approved Sunscreen</b>	Yes	No
<b>FDA-Approved Insect Repellant</b>	Yes	No

**7) Photo/Video consent:** We take a lot of photos to share with families, and sometimes we like to use photographs and videos from Camp for various purposes (below).

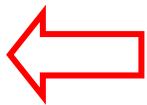
For

For each of the following, **please initial if you agree to allow us to use your child's image:**

	<b>Cary website &amp; print materials (newsletter, advertising, grant reports)</b>	<b>Cary social media (Instagram, Facebook)</b>	<b>Google Photos (shared with camp families)</b>
<b>Photo</b>			
<b>Video</b>			

### GUARDIAN'S AUTHORIZATION

This health history is correct and complete so far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give my permission to the camp to provide routine health care, supervise self-administration of medications and seek appropriate emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. Every possible effort will be made to contact me in the event of an emergency, but in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

**Parent/Guardian Signature:** \_\_\_\_\_ 

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_