Please circle all that apply to your child.

Is your camper allergic to: Bee Stings Insect Bites Poison Ivy Particular foods Other

Please specify_____

Has your camper had or been subject to: Seizures Heart trouble Convulsions Fainting spells

Asthma Diabetes Other_____

Has your camper been immunized against: MMR HIB DTP Polio Hepatitis YES NO

If no, please specify_____

Has your child had a Tetanus shot? YES NO

Is your camper under medical care for any illness or health problems? YES NO

If yes , please specify_____

Is your child on medication? YES NO

If yes, please specify medication_____

•An "Administration of Medicine by Camp personnel" form is available at the Park and Recreation Office and a signed Doctor's order must be turned in to the Camp Nurse before the start of camp for every medication that will be administered to your child during camp.

Should your camper's activities be restricted in any way? YES NO

If yes, please specify_____

Name of child's Doctor_____Phone_____

I have read, understand and agree to the terms and conditions of the Orange Park and Recreation Summer Camp Program as outlined in the preceding pages.

Signature_____Date_____
Parent/Legal Guardian Month Day Year

Emergency Medical/Surgical Treatment Permission Waiver

In the event of an emergency, accident or other mishap, I authorize that my child,

_____be taken to _____
(child's name) (hospital of first choice)

for emergency medical/or surgical treatment which a physician or dentist may determine is necessary for my child's health and well being. I authorize the Park and Recreation Department to seek emergency medical treatment for my child, including, but not limited to, surgical and possible life saving measures as may be necessary according to the attending physician. I hold harmless the Town of Orange, its officials, employees or agents from all liability which may arise from the aforementioned action. I understand that every attempt will be made to contact me before such a decision is made.

Signature_____
Parent/Legal Guardian

Date_____
Month Day Year