TOWN OF GUILDERLAND
PARKS & RECREATION
TAWASENTHA ½ DAY CAMP

MEDICAL HISTORY FORM

Dates of Camp Attendance _____ This form must be completed and sent to: Town of Guilderland Parks and Recreation Department, 181 Route 146, Altamont, NY 12009 or emailed to boyta@townofguilderland.gov. This form is to solely to assist us in identifying appropriate care for your child..

Patient Information

Full Name: _____ Date of Birth: DD MM YY

Phone Number: _____ Gender: Male Female Other

Email Address: _____ Address: _____

_____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Insurance Information

Insurance Provider: _____ Name of Insured: _____

Policy Number: _____

Group Number: _____

Relationship to participant: _____

Allergies (List all known): _____ **Describe reaction and management of the reaction**

_____ _____

_____ _____

_____ _____

_____ _____

Permission for Necessary Medical Treatment, Emergency Care, or First Aid Care

Permission to provide necessary medical treatment, emergency care or basic first aid care: I hereby give permission to the medical personnel selected by the Camp Director to provide routing health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips outside the camp.

Signature of parent/guardian: _____ **Date:** _____ / _____ / _____

Golf Cart Transport Authorization (For emergencies only)

I, the undersigned parent/guardian, authorize Parks & Recreation staff to transport my child by golf cart if they are injured, unable to walk safely, or require prompt movement to a first-aid location. I understand that transport will be performed only by trained, authorized staff, staff will use the safest available method, including stabilizing the child and driving at reduced speed, golf cart transport will be used solely for injury-related situations, not routine movement.

Signature: _____ **Date:** _____ / _____ / _____

TOWN OF GUILDERLAND
PARKS & RECREATION
TAWASENTHA ½ DAY CAMP

MEDICAL HISTORY FORM

Medications Being Taken:

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely.

☐ **This camper takes no medications on a routine basis OR** ☐ **This person takes medication as follows:**

Medication #1 _____ **Dosage:** _____ **Frequency:** _____

Medication #2 _____ **Dosage:** _____ **Frequency:** _____

Medication #3 _____ **Dosage:** _____ **Frequency:** _____

General Questions: **Circle Yes or No - Explain Yes Answers Below: Has/does the camper:**

Had any recent injury, illness or infectious disease? Yes No **If yes,** _____
Have a chronic or recurring illness or condition? Yes No **If yes,** _____
Ever been hospitalized? Yes No **If yes,** _____
Every had surgery? Yes No **If yes,** _____
Have frequent headaches? Yes No **If yes,** _____
Ever had a head injury? Yes No **If yes,** _____
Ever been knocked unconscious? Yes No **If yes,** _____
Ever had frequent ear infections? Yes No **If yes,** _____
Ever passed out during or after exercise? Yes No **If yes,** _____
Ever been dizzy during or after exercise? Yes No **If yes,** _____
Ever had seizures? Yes No **If yes,** _____
Ever had chest pain during or after exercise? Yes No **If yes,** _____
Ever had high blood pressure? Yes No **If yes,** _____
Ever been diagnosed with a heart murmur? Yes No **If yes,** _____
Ever had back problems? Yes No **If yes,** _____
Ever had problems with joints (e.g. knees, ankles)? Yes No **If yes,** _____
Have an orthodontic appliance being brought to camp? Yes No **If yes,** _____
Have any skin problems? Yes No **If yes,** _____
Have diabetes? Yes No **If yes,** _____
Have asthma? Yes No **If yes,** _____
Does your child have an epi-pen? Yes No **If yes,** _____

Please make sure to upload a copy of your child's immunization records to their MyRec profile. If you have trouble doing this, please feel free to them email boyta@townofguilderland.gov.

Use this space to provide any additional information about the camper's behavior and physical emotional or mental health about which the camp should be aware:

_____

_____

_____

Signature: By signing below, I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____ / _____ / _____

518-456-3150
181 Route 146, Altamont, NY 12009
www.townofguilderland.gov