

**Park Shore Country Day Camp and School  
Health Form 2011**

450 Deer Park Road, Dix Hills, NY 11746-5205  
Phone # (631) 499-8580 \* Fax # (631) 499-6917

The information on this form is to assist us in planning appropriate care. Any information updates should be provided to the office prior to your child's arrival to Park Shore. Please provide complete information.

Camper's Name \_\_\_\_\_  
Last First Middle

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_  
Street address City Zip

Father's Name \_\_\_\_\_ Home address \_\_\_\_\_  
(if different from above)

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home address \_\_\_\_\_  
(if different from above)

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (Other than parents)	Relationship	Home/Work/Cell Phone
_____	_____	_____
_____	_____	_____

Allergies (List all known)	Describe reaction and management of the reaction.
Medication allergies (list)	
_____	_____
_____	_____

Food allergies (list)	
_____	_____
_____	_____

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

\_\_\_\_\_

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

Does not eat: \_\_\_ Red meat \_\_\_ Pork \_\_\_ Dairy Products \_\_\_ Poultry \_\_\_ Seafood \_\_\_ Eggs \_\_\_ Other (describe) \_\_\_\_\_

Explain any restrictions to activity (e.g. What accommodations or limitations are necessary?)

\_\_\_\_\_

*IN THE EVENT THAT I OR MY CONTACTS CANNOT BE REACHED IN AN **EMERGENCY**, I HEREBY GIVE MY PERMISSION TO PARK SHORE, THE LOCAL AMBULANCE/FIRE DEPARTMENT, MY FAMILY PHYSICIAN, ANY LOCAL PHYSICIAN, OR THE NEAREST HOSPITAL TO ADMINISTER EMERGENCY TREATMENT AND CARE. I FURTHER GIVE MY PERMISSION FOR ALL PERTINENT HEALTH INFORMATION TO BE DUPLICATED AND RELEASED TO THE APPROPRIATE PERSONNEL FOR EMERGENCY CARE.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

In order to better accommodate your child's needs; does your child receive special services in school or anywhere else? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

