FSCamps @ The College at Old Westbury – Camper Health Form 2018

Important (1of2): This form must be completed and signed by parent/guardian before the camper may begin camp.
Mail to – PO Box 396, Old Westbury NY 11568. Fax to (516) 706-8986. Scan to ow@fscamps.com

Camper's Name ________________________________ **Birth Date** ___ / ___ / ___ ☐ **Male** ☐ **Female**

Home Address ________________________________ **City/State/Zip** ________________________________

Mother/Guardian ______________________________ **Cell/Work #** ________________________________

Father/Guardian ______________________________ **Cell/Work #** ________________________________

Emergency Contact ____________________________ **Cell/Work #** ________________________________

Health History – *Check any that apply*

☐ **Allergies** ________________________________ ☐ **Heart Defect/Disease** __________________________

☐ **Asthma** __________________________________ ☐ **Injuries** ____________________________________

☐ **Diabetes** ________________________________ ☐ **Physical Limitations** __________________________

☐ **Dietary Restrictions** ______________________ ☐ **Seizures** ___________________________________

☐ **Disabilities/Chronic Illness** _______________ ☐ **Surgeries** __________________________________

Please provide any other pertinent information that you wish the Camp & Camp Health Director to be aware of.
If the camper has any physical or medical matters, or is on medication the Camp & Camp Health Director must be notified.

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Parent/Guardian Authorization

I hereby give permission for the person herein described to engage in all prescribed camp activities, except as noted by me and/or camper's medical professional. I hereby give permission for camp medical staff to provide routine treatment to my child. In the event I cannot be reached in an emergency, I hereby give my permission for the camp to place my child in the care of a medical professional for medical services and treatment as deemed necessary with respect to my child's health and safety.

Signature ____ **Date** ____________________

Important (2of2): This section of the form must be filled out by your physician OR a copy of most recent physical including immunization history must be attached to this form. ***(Must be valid within last year)***

Immunization History

Vaccines	Date of Immunization	Date of Last Booster
DPT / TD Series		
Tetanus		
MMR Series		
Polio		
Hepatitis B		
HIB		
Varicella (Chicken Pox)		

Physician Authorization

Camper (name) __________________________ was examined by me on (date) ____________ and was found to be in good general health and able to participate in all camp activities and athletic programs.

Restrictions (if applicable) ____

Physician Name & Address ____

Signature ____ **Date** ____________________