CHELSEA PIERS

SUMMER SPORTS CAMP
HEALTH RECORD/MEDICAL RELEASE FORM

This form must be completed and returned before camp enrollment dates in order for the camper to be permitted to participate in any camp activities. **Side A** - To be filled out by parent before presenting to camper's physician. **Side B** - To be filled out by camper's physician.

SIDE A: PERSONAL INFORMATION

Camper's Last Name _____ First Name _____ Birthdate _____ ❑ M ❑ F

Specify camp(s) child will be attending _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Guardian #1 _____ Guardian #2 _____

Daytime Phone _____ Daytime Phone _____

Place of employment _____ Place of employment _____

Health Insurance Carrier _____ Policy Number _____

Plan Number _____ Is physician authorization needed? ❑ YES ❑ NO

In case of emergency, please notify _____

If neither parent or guardian are available in an emergency, please contact:

1. _____ Daytime Phone _____

2. _____ Daytime Phone _____

HEALTH HISTORY (Please check approximate dates that camper suffered from allergies, diseases, and conditions listed below).

Diseases	**Allergies**	**Other**
❑ Chicken Pox _____	❑ Hay Fever _____	❑ Ear Infections _____
❑ Measles _____	❑ Poison Ivy _____	❑ Rheumatic Fever _____
❑ German Measles _____	❑ Insect Stings _____	❑ Convulsions _____
❑ Mumps _____	❑ Penicillin _____	❑ Diabetes _____
❑ Asthma _____	❑ Other Drugs _____	❑ Behavior _____
		❑ Concussion _____
		❑ Other _____

Please list any past illnesses (contagious and non-contagious): _____

Please list any operations or serious injuries (include dates): _____

Has camper ever been hospitalized? _____

Does camper have any chronic or recurring illness? _____

Is there anything else in campers health history that the camp staff should know? _____

Are there any activities from which the camper should be restricted? _____

Are there any specific activities that should be encouraged? _____

Will the camper need to take any medication at camp? _____

Does the camper wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? _____

IF MEDICATION IS REQUIRED, IT MUST COME IN THE ORIGNAL CONTAINER WITH USAGE/DOSAGE/ INSTRUCTIONS CLEARLY PRINTED ON THE LABEL. A DOCTOR's NOTE AND PARENTS NOT MUST ALSO BE SUBMBITTED.

CONSENT FOR MEDICAL TREATMENT

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all Chelsea Piers Summer Sports Camp activities without need of individual or specialized attention or medical regimen. I agree to notify Chelsea Piers of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgement of the accredited camp trainers, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.

Name _____ Relationship _____

Signature _____ Date _____ Phone _____

SIDE B: To be filled out by camper's physician.

Name of Camper _____ Name of Physician _____

IMMUNIZATION HISTORY

Please provide us with a record of basic immunization and most recent booster doses for the camper listed above.

DTap, DTP, DT, TD _____	Date_____	Date_____	Date _____	Date_____	Date _____
Polio_____	Date_____	Date_____	Date _____	Date_____	Date _____
Measles* _____	Date_____	Date_____	Date _____	Date_____	Date _____
Rubella* _____	Date_____	Date_____	Date _____	Date_____	Date _____
Mumps* _____	Date_____	Date_____	Date _____	Date_____	Date _____
Hib _____	Date_____	Date_____	Date _____	Date_____	Date _____
Hepatitis B _____	Date_____	Date_____	Date _____	Date_____	Date _____
Varicella_____	Date_____	Date_____	Date _____	Date_____	Date _____
PCV _____	Date_____	Date_____	Date _____	Date_____	Date _____

Date of most recent Tetanus Shot _____

PPD-MANTOUX _____ Date Read _____

Most Recent Tuberclin Test Given _____ Result _____ ❑ ❑

***Please note in order to attend camp, the campers must have all his or her shots. We do not accept religious exemptions.**

MEDICAL EXAMINATION

MEDICAL EXAMINATION Examination must be performed no more than 12 months prior to arrival at camp.

CODE: S = Satisfactory
X = Not Satisfactory (explanation required)
O = Not examined

General Appearance_____	Height_____	Weight_____	Blood Pressure _____
Hgb. Test _____	Urinalysis _____	Posture & Spine _____	Throat - Tonsils _____
Eyes _____	Vision _____	Glasses _____	
Extremities _____	Heart _____	Ears _____	Hearing _____
Feet_____	Lungs _____	Skin _____	Nose_____
Teeth_____	Abdomen _____	Hernia _____	Genitalia_____

Neurological Findings: _____

Allergies (please specify): _____

_____

Please describe any abnormal findings and/or handicapping conditions:_____

Has child ever received products containing horse serum? _____

RECOMMENDATION AND RESTRICTIONS DURING CAMP

Special Diet _____

Special Medicine Needed _____ Is Parent Sending Medicine? ❑ YES ❑ NO

Strenuous Activity _____

General Appraisal_____

DOCTOR'S RELEASE

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in all Chelsea Piers Summer Sports Camp activities, except as noted above.

Examining Physician Signature_____

Physician Name (please print) _____

Address_____ Zip Code_____ Telephone_____

Date of Examination _____

FORM SUBMISSION: Please email to skatingschool@chelseapiers.com.