Hudson Hills Summer Camp 2018

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact and Medical Information | | | | | | | | | |
|  | | | | | | | | | |
|  | | |  |  | | | | **M** | **F** |
| **Child’s Name** | | |  | **Date of Birth** | | | | **Sex** | |
|  | | |  |  | | | | | |
| **Parent/Guardian Name** | | |  | **Parent/Guardian Name** | | | | | |
| **()** |  | **()** |  | **()** | |  | **()** | | |
| **Home Phone** |  | **Work Phone** |  | **Home Phone** | |  | **Work Phone** | | |
|  | | |  |  | | | | | |
| **Address** | | |  | **Address** | | | | | |
|  | | |  |  | | | | | |
| **City, State, Zip Code** | | |  | **City, State, Zip Code** | | | | | |
|  | | |  |  | | | | | |
| Alternative Emergency Contacts | | | | | | | | | |
|  | | | | | | | | | |
|  | | |  |  | | | | | |
| **Primary Emergency Contact** | | |  | **Secondary Emergency Contact** | | | | | |
| **()** |  | **()** |  | **()** | |  | **()** | | |
| **Home Phone** |  | **Work Phone** |  | **Home Phone** | |  | **Work Phone** | | |
|  | | |  |  | | | | | |
| **Address** | | |  | **Address** | | | | | |
|  | | |  |  | | | | | |
| **City, State, Zip Code** | | |  | **City, State, Zip Code** | | | | | |
|  | | |  |  | | | | | |
| Medical InformationWe require your child’s most recent (within 12 months) physical and immunization records. **Medical records can be mailed or dropped off in person prior to camp.** | | | | | | | | | |
| **Hospital/Clinic Preference:** | | | | | | | | | |
|  | | | | | | | | | |
| **Physician’s Name:** | | | | | **Phone Number:** | | | | |
|  | | | | |  | | | | |
| **Allergies/Special Health Considerations:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Has your child been stung by a bee or hornet? Any Reaction?** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Parent’s/Guardian’s Signature: Date:** | | | | | | | | | |