



Victor Parks & Recreation Department

1290 Blossom Drive, Victor, NY 14564
Office: 742-0140 ♦ Fax: 742-0142

SUMMER DAY CAMP MEDICAL INFORMATION & RELEASE

(Must be returned by Friday June 18th)

LAST NAME _____ FIRST NAME _____

ADDRESS _____

BIRTHDATE ____ / ____ / ____ AGE ____ SEX ____ GRADE (completed) ____

PARENT OR GUARDIAN _____

IN CASE OF ILLNESS OR ACCIDENT, WHERE MAY ABOVE PARTICIPANT'S PARENT OR GUARDIAN BE LOCATED?

DAYTIME PHONE (____) ____ - ____ EVENING PHONE(____) ____ - ____

DENTIST/ORTHODONTIST _____ PHONE(____) ____ - ____

FAMILY PHYSICIAN _____ PHONE(____) ____ - ____

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? IF SO PLEASE INDICATE:

CARRIER _____ POLICY/GROUP NUMBER _____

IF YOUR CHILD HAS ANY SPECIAL NEEDS OR ANY ALLERGIES TO MEDICATION, FOOD, INSECT STINGS, ETC. OR IF MEDICATIONS ARE CURRENTLY BEING TAKEN OR NEED TO BE ADMINISTERED DURING DAY CAMP HOURS, PLEASE LIST THEM:

Immunization Record Must Accompany this Medical Form

Affirmation: To the best of my knowledge, the above named person is in good health and in physical condition to be able to participate in the activities for summer day camp.

Emergency Release: In the event of the Town of Victor Parks & Recreation day camp personnel's inability to promptly locate a person herein designated to be notified in case of emergency, day camp staff, hospital authorities, physicians and other emergency care authorities may take such emergency measures as they deem appropriate and shall notify the parent(s) or legal guardian(s) as soon as possible.

PARENT OR GUARDIAN SIGNATURE

DATE