

# Health Information for LGA Day Camp

CHILD'S NAME \_\_\_\_\_

PARENTS NAME(S) \_\_\_\_\_

EMERGENCY CONTACTS: (other than parents)

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

Who does the child live with? (Mom, Dad, step-parent, grandparent?) \_\_\_\_\_

## MEDICAL INFORMATION

DOCTORS NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CLINIC OR HOSPITAL PREFERENCE \_\_\_\_\_

### ALLERGIES

Peanuts \_\_\_\_\_ Pollen \_\_\_\_\_ Grass \_\_\_\_\_ Sun \_\_\_\_\_ Sunscreen \_\_\_\_\_ Others \_\_\_\_\_

Disability/health problems we should know about? Please explain

\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_ What? \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### HELP US GET TO KNOW YOUR CHILD!

Please give us a little bit of information about your child that might help us get to know them. If there is anything that you feel would help us make day camp more enjoyable, please let us know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATIONS

\_\_\_ 1. I authorize Lawrence Gymnastics & Athletics and their staff to transport or walk with my child to and from any activities that may be part of the weekly activities.

\_\_\_ 2. The health history listed above is accurate as far as I know: my child has my permission to engage in all activities without limitations unless noted above.

\_\_\_ 3. I authorize Lawrence Gymnastics & Athletics to give consent for treatment for my child in the event of illness or injury.

My signature below constitutes authorization for items checked above.

Parent's Signature \_\_\_\_\_ Dated \_\_\_\_\_