

**PLEASE RETURN TO: BOB NEWELL, Director of Camp Smile
47 WESTGATE DRIVE
ROCHESTER, NY 14617**

This form is used solely for Camp Smile staff and will not be disseminated to any other party!

CAMP SMILE HEALTH INFORMATION FORM

Name: _____ Birthdate: _____ Sex: _____ Age: _____

Parent or Guardian: _____ Phone: _____

Home Address: _____ Zip: _____

Business Address: _____ Zip: _____

If not available in an emergency, notify:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Check & list approximate dates:

Health history:

Frequent ear infections _____
Heart defect/disease _____
Seizures _____
Diabetes _____
Bleeding/clotting disorders _____
Asthma _____

Allergies:

Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Foods _____
Medications _____

Diseases:

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____

Operations or serious injuries (please indicate dates): _____

Chronic or recurring illnesses: _____

Name of primary physician: _____ Phone: _____

Name of ophthalmologist: _____ Phone: _____

Name of dentist: _____ Phone: _____

Do you carry family medical/hospital insurance (circle one): YES NO

If so, indicate carrier: _____ Policy or group #: _____

Any specific activities to be encouraged: _____

Or restrictions: _____

AUTHORIZATIONS

I DO HEREBY AGREE to hold the "Camp Smile" staff, and those involved in its program, blameless from any and all claims while my child _____ is participating in the "Camp Smile" program.

DATE: _____

Signature of Parent and/or Guardian

I DO HEREBY GIVE my child _____ permission to go swimming with CAMP SMILE. Listed below are any restrictions such as water temperature or devices, which need to be removed before swimming.

Swimming restrictions: _____

DATE: _____

Signature of Parent and/or Guardian

I DO HEREBY GIVE to CAMP SMILE use of my child's likeness for advertising purposes for CAMP SMILE. For example, pictures for any future brochures, use on our website or in public presentations done by our Camp Smile Committee or Directors.

DATE: _____

Signature of Parent and/or Guardian
