

IMMUNIZATION HISTORY – To be filled in by doctor, or parent or please attach copy of Physical and Immunization Records.

To your knowledge, are all shots up to date and meet the NYS Health requirements? Yes or No

The NYS Dept. of Environmental Health requires an immunization history filled out as completely as possible, for each camper under the age of 16. Please notify camp if child is exposed to any communicable disease during the 3 week prior to camp (especially chicken pox or shingles)

DPT (diphtheria pertussis, & tetanus)	1st	2nd	3rd	Booster	Booster
POLIO (oral)	1st	2nd	3rd	Booster	Booster
MEASLES* (red/hard)	Date	RUBELLA *	Date	MUMPS	Date
VARICELLS (CHICKEN POX)	Date	Booster	Booster		
HIB (hemophilus Influenza Type B)	1st	2nd	3rd	Booster	
HB (Hepatitis B)	1st	2nd	3rd	Tuberculin Test Given?	Y N Date:

* MMR (measles, mumps, rubella) triple vaccine is usually given together.

If above information is supplied by Physician or School Nurse, please Provide signature:

Name: _____ Signature: _____ Date: _____

Name of Dentist: _____ Phone: _____

Name of Orthodontist: _____ Phone: _____

Name of Primary Care Physician: _____ Phone: _____

Do you carry family medical/hospital insurance? Yes No

If yes, Carrier: _____ Policy or Group #: _____

Consent for Medical Treatment (Parent/Guardian)

This health history is correct as far as I know. I give permission for the above named camper to participate in all program activities. I also give permission for the above named camper to be given first aid in case of emergency, while he/she is in attendance at the Mechanicville Area Community Services Center School Age Child Care Program. This includes permission for the child to be taken to the Emergency Department of a local hospital, if the injury is serious enough to require medical attention. I understand that I will be notified as soon as possible. I hereby waive and release The Mechanicville Area Community Services Center and its employees of any and all liabilities or claims in anything that may occur while my child is attending the School Age Child Care Program.

Parent/Guardian Signature: _____

Date: _____

Field Trip Permission: By signing below you are giving permission for your children to leave the Community Center under the supervision of the Community Center's Staff, on the weeks that your children are signed up for. There may also be times that we may leave the center with the children to walk to the Mechanicville Public Library, a local park, the docks, McDonalds, Stewarts or Bubbles.

Parent/Guardian Signature: _____

Date: _____