

BELLE TERRE YOUTH PROGRAM MEDICAL & EMERGENCY CONTACT FORM

(Fill out one sheet for *each* child)

Camper's Name _____ Date of Birth _____
Last First MM/DD/YYYY

Name(s) of Parent/Guardian _____

Address _____
Street Town, State & Zip

Home Phone# _____ Cell Phone # _____

Emergency Contact Information Give *two* contact numbers. Cell phones may be included.

Name	Phone #	Relationship
1.		
2.		

Immunization Record

You must submit a copy of your child's immunization record with this form.

Please Read: In order to insure that we are in compliance with the New York State Dept. of Health Regulations, we require you to submit a copy of the immunization record for each child with this form. Your child should be immunized for the following: Measles/Mumps/Rubella(MMR), Diphtheria, Tetanus, & Poliomyelitis.

Name of Physician _____ Phone # _____

Health Concerns: Does your child have (please circle yes or no and, if yes, explain)

- | | | | |
|-------------------------|----|-----|--|
| Allergies | NO | YES | |
| Hearing & vision issues | NO | YES | |
| Major organ concerns | NO | YES | |
| Other medical concerns | NO | YES | |

Signature of Parent/Guardian _____

- New York State requires that Parents or Guardians be notified that:
1. The Camp must have a permit to operate from the Suffolk County Dept. of Health Services.
 2. The Camp is required to be inspected twice yearly.
 3. The inspection reports & required plans are filed & available for review at the Suffolk County Dept. of Health Services, 300 Yaphank Ave., Suite 2A, Yaphank, NY 11980.