

**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.