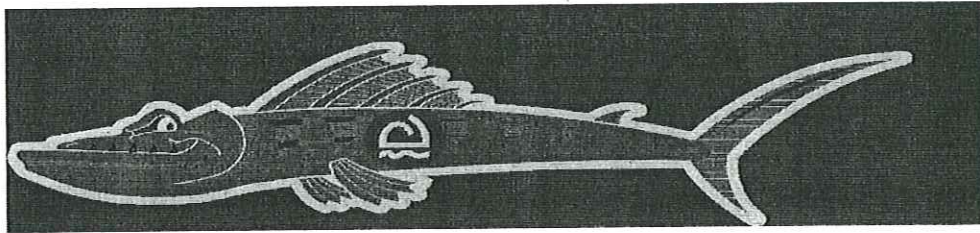


**Asphalt Green Summer Swim**  
**Camp 2009**

**Forms checklist**



**Medical Forms (Signed and dated by parent and physician)**

Camper Dismissal Form

Trip Permission Form

Notes to Director

Please return to Katie Griswold: 555 east 90<sup>th</sup> street NY, NY 10128

# Day Camp Medical Form (please fill out both sides)

This side is to be filled out by parent or guardian.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Initial

Parent or Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
No. & Street City State Zip

Business Address: \_\_\_\_\_  
No. & Street City State Zip

If not available in an emergency, notify:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_  
No. & Street City State Zip

### Health History: (check -- giving approximate dates where indicated)

Conditions:	Allergies:	Diseases:	Date
Frequent ear infections <input type="checkbox"/>	Asthma <input type="checkbox"/>	Mononucleosis	_____
Heart defect/disease <input type="checkbox"/>	Hay fever <input type="checkbox"/>	Chicken pox	_____
Convulsions <input type="checkbox"/>	Poison ivy <input type="checkbox"/>	Measles	_____
Diabetes <input type="checkbox"/>	Insect sting <input type="checkbox"/>	German Measles	_____
Bleeding/Clotting disorder <input type="checkbox"/>	Penicillin <input type="checkbox"/>	Mumps	_____

Prescription drugs taken on a regular basis: \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Current Medications (send with instructions): \_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

Name of Dentist or Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_

If so, indicate.

Carrier: \_\_\_\_\_ Policy or group #: \_\_\_\_\_

Suggestions or health related information for camp personnel: \_\_\_\_\_

For females:

Has this person menstruated: \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal: \_\_\_\_\_ Special considerations: \_\_\_\_\_

### IMPORTANT -- This box must be completed for attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

**Emergency Authorization:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for me/or my child as named above. This form may be for use out of camp.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to abide with the restrictions placed on my camp activities. Name of Minor: \_\_\_\_\_

**Immunization Record**

Required immunization must be determined locally. Please record the date (month/year) of basic immunizations and most recent booster doses:

VACCINES	Date of Basic Immunization	Date of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus	3	
DPT or		
Tetanus TD		
Diphtheria or		
Tetanus		
Oral Polio (Sabin) TOPV Injectable Polio (Salk) Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German Measles or 3 Day Measles)		
Most recent Tuberculin test given (TINE)		
Other (specify):		

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Asphalt Green Swim Camp – Camper Dismissal Form

**Parents / Guardians of all swimmers MUST complete this and return it to Katie Griswold.** Any changes to this form must be made through Katie Griswold.

- Please Print:
  - Camper's Full Name: \_\_\_\_\_
  - Parent or Guardian's name: \_\_\_\_\_
  
- Please check and complete the appropriate sections:
  - My child will be dismissed from camp as I have indicated below:  
\_\_\_ Pick-up      \_\_\_ walker
  
- **Pick-up:** Please list all people responsible for picking up your child. Asphalt Green Swim Camp will not release your child(ren) to anyone not authorized on this form.

Name	Relationship to swimmer
Name	Relationship to swimmer
Name	Relationship to swimmer
Name	Relationship to swimmer
Parent/Guardian's Signature	Date

- **Walker:**
  - **Must be 9 years or older**
  - I acknowledge that I take full responsibility for allowing my son/daughter to walk home from camp.

Parent/Guardian's Signature	Date
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# Swim Camp Field Trip Permission Form

## CAMP INFORMATION

**Name of Camp:** Asphalt Green Swim Camp  
**Camp address:** 555 East 90<sup>th</sup> street NY, NY 10128  
**Borough:** Manhattan

## CAMPER INFORMATION

**Name of camper:** \_\_\_\_\_

**Age:** \_\_\_\_\_

TRIP DESTINATION	TRANSPERATION	ACTIVITY DETAILS	PARENT CONSENT
<b>Central Park Zoo:</b> 64th St. & Fifth Ave. In the park New York, NY 10021	<b>Bus</b>	Tour main zoo	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Rose / Space Center</b> West 81 st Street / Central Park West NY, NY 10024 212.769.5100	<b>Bus</b>	Tour the planetarium	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Movies:</b> 212)734-4427 753 210 East 86th Street, Between 2nd and 3rd Avenues, New York, 10028	<b>Walk</b>	showing of a G or PG rated film	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Karl Schurz Park</b> East End Ave 86th st New York, New York 10128 RAIN BACK-UP : MET	<b>Walk</b>	Group activities in playground	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Asphalt Green Field</b> 555 East 90 <sup>th</sup> street New York, New York 10128 Contact: Katie Griswold 212.369.8890 ex2265	<b>Walk</b>	Team building activities and swim meet prep	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>

### **Parental Consent:**

I, \_\_\_\_\_ as the parent or legal guardian of  
 \_\_\_\_\_ hereby give permission for him/her to participate in the  
 trips and activities as indicated in the above itinerary.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Swimmers Checklist

### *What to bring to swim camp*

- Bathing Suit (2) \_\_\_\_
- Lock \_\_\_\_
- Swim bag \_\_\_\_
- Flip flops \_\_\_\_
- Athletic shoes \_\_\_\_
- Sun screen \_\_\_\_
- Towel (2) \_\_\_\_
- Goggles \_\_\_\_
- Swim Cap \_\_\_\_
- Change of Clothes \_\_\_\_
- Money for ice cream / drinks during fieldtrips (optional)
- Water Bottle \_\_\_\_
- Any prescription medication required \_\_\_\_