

**Dan Cosgrove Animal Shelter
Animal Camp Medical Form: 2016**

Child's First Name: _____ Last Name: _____
 Address: _____ Town/Zip: _____ State: _____
 Gender: _____ Age: _____ Birthdate: ____/____/____ Grade: _____ School: _____
 Child's Physician: _____ Phone: (____) _____
 Child's Dentist: _____ Phone: (____) _____ Hospital of Choice: _____

Parent / Guardian 1

Name: _____
 Address: _____
 Town & Zip: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Email: _____

Parent / Guardian 2

Name: _____
 Address: _____
 Town & Zip: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Email: _____

Emergency Contact Name (other than Parent/Guardian) _____ Phone: (____) _____

Health Information: All information will be kept confidential. Please check all that apply:

<input type="checkbox"/> Allergy/ Anaphylaxis	<input type="checkbox"/> Behavioral Issues	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Congenital Heart Disease	<input type="checkbox"/> Physical Dysfunction/ Mobility Difficulty
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Auditory or Visual Processing Difficulty	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Vision, Hearing or Speech Problems
<input type="checkbox"/> Autism	<input type="checkbox"/> Other _____	

If you check one please elaborate: (i.e.: list medications, foods/ bees allergic to, etc.) Remember, we CANNOT administer medications.

For us to better accommodate your child's needs, please list any medical, physical, psychological or emotional issues not mentioned above. If none, please write "none"

Please check all that apply:

- My son/ daughter _____ has my permission to sign out of camp at the end of the day, 3:00PM.
Parents must submit a note in writing on a daily basis if there are any alterations to the times listed above.
- My son/ daughter **DOES NOT** have permission to come and go from the camp. Once at the camp, he/she will remain on the camp until picked up by the designated person.
- In case of injury or illness, I/We grant permission to have first aid treatment administered and/or Emergency Medical personal render medical treatment to my son/daughter.
- My son/daughter has permission to be transported by bus to all scheduled field trips.

Please list names of all people designated to pick up your child. (Please list parent's names as well).

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

By signing this form, the parent(s)/ guardian(s) and your child agree that you have read all the rules and regulations governing the Dan Cosgrove Animal Shelter Animal Camp and that all information is correct and that you will abide by all the rules set forth.

Parent/Guardian Signature: _____ Please print your name: _____ Date: _____

Date Received: _____	Staff Initials: _____	Shirt Received: Yes No	Date Received: _____	Staff Initials: _____
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