

**Dan Cosgrove Animal Shelter
Animal Camp Medical Form: 2022**

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:

- 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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