

# 2020 Campus Camps Enrollment Form

Oakdale: Stony Brook: 

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Camper's Last Name      Camper's First Name      Birth Date      Age      T-Shirt Size (Y/A)      Grade Entering Sept. 2020

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Street Address      City      State      Zip Code

**Please provide the contact information for each parent and an individual that we can contact if we are unable to get in touch with either parent. Also, list the person/persons that are authorized to pick-up your child from camp. Camper will only be release to individuals listed below. The authorized person will be asked to show photo identification when signing out the camper. If a parent or other individual is not allowed to pick up, please let us know.**

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Parent's Name      Home Phone      Cell Phone      Email Address

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Parent's Name      Home Phone      Cell Phone      Email Address

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Emergency Contact      Relationship      Cell Phone      Home Phone

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Authorized to Pick Up #1      Cell Phone      Authorized to Pick Up #2      Cell Phone

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Authorized to Pick Up #3      Cell Phone      Authorized to Pick Up #4      Cell Phone

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## Medical History

Is child in good health?: **Yes / No** If not, please explain: \_\_\_\_\_

Does your child have any allergies, medical restrictions or limitations?: **Yes / No** If yes, please explain: \_\_\_\_\_

Is your child taking any medications regularly?: **Yes / No** If yes, List name, frequency and dosage of each medication(s)\*: \_\_\_\_\_

Is child prescribed an inhaler or epi-pen? **Yes / No** If yes, please explain\*: \_\_\_\_\_

**\*A Physician's note must be accompanied by any medications**

Does your child have a severe or chronic developmental disability? **Yes / No** If Yes, please provide details of any accommodations your child will need: \_\_\_\_\_

Are there any special services that your child receives in school (Aide, Smaller Class Size, OT, PT, Speech, Counseling, etc.)? **Yes / No** If yes, please explain: \_\_\_\_\_

Are you or your child nervous or excited about any aspect of camp? **Please List:** \_\_\_\_\_

Any other information that you would like us to know about your child to help us give them the best camp experience possible? (Use back if needed)

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**Please attach Proof of Immunization signed (or stamped) and dated by your child's physician - Proof of Immunization should include dates for (DTP), (MMR), (Hib), (PCV), (IPV/OPV), (Chicken Pox), (Hepatitis B), and any others.**

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_