



DAY CAMP & SPORTS CAMP

Program Health Form

Child's Name _____ Date of Birth _____

Allergies to food, medication, or the environment _____

Please list any physical, mental, emotional or medical problems, asthma, anaphylaxis, recent injuries, concussions, illnesses, surgery or chronic ear infections, daily medications _____

I will inform the Summer Program of any additions or changes to this information. Any pertinent information not provided could result in your child's expulsion from the program.

My child has been immunized in compliance with NJ State Law (NJAC 8:57-4) and I have given a copy of my child's immunization record to the nurse.

All medications including over the counter, are to be kept in the nurses' office and must have MD orders, written parental consent and be in the prescription labeled box or original packaging.

***Epi-pens and inhalers may be kept on child's person with written MD and parental consent.**

Parent signature _____ Date _____

Date of last Tetanus shot _____ Date of last physical exam _____

This child has been examined by a physician within the last school year and is able to participate in the Summer Program activities including sports and swimming.

Physician signature, phone _____ Date _____

Timothy Christian School Summer Program has my permission to obtain emergency medical treatment for my child. I understand all efforts will be made to contact the parent of the participant or the emergency names given on the registration form, before the Summer Program will request medical treatment.

Hospital preference for emergency treatment _____

Name of Health Insurance Company _____

Policy Holder _____ ID # _____

Parent signature _____ Date _____

All foreign students must register through the Timothy International Program (TIP)