

ASPEN ICE SKATING CAMP

Physical Health Form

16 Aspen Drive, Randolph NJ 07869
(973) 927-9122, www.aspen-ice.com

NAME OF CHILD (LAST, FIRST, MI)		DATE OF BIRTH (Mo./Day/Yr.)	SEX <input type="checkbox"/> M <input type="checkbox"/> F
PARENT(S) / GUARDIAN(S) NAME(S)		HOME PHONE NUMBER	
STREET ADDRESS		NAME OF DOCTOR	
CITY, STATE, ZIP CODE		DOCTOR'S TELEPHONE NUMBER	

PHYSICAL EXAMINATION

Ht.	Wt.	Heart	Lungs	ENT	Extrem.	Other
-----	-----	-------	-------	-----	---------	-------

Child is found to be healthy and normal and may participate in all Camp activities.

Child has the following areas of concern _____
which will/will not affect participation as follows _____
Comments _____

HEALTH HISTORY

Previous Communicable Diseases and Dates

Other Illnesses, Accidents or Operations and Dates

Existing Allergies or Chronic Conditions

Medications

Special Needs, Individual Limitations

Previous Screenings, Evaluations, Dates and Results

IMMUNIZATION RECORD

VACCINE TYPE	DISEASE MO/DAY/YR	1 ST DOSE MO/DAY/YR	2 ND DOSE MO/DAY/YR	3 RD DOSE MO/DAY/YR	4 TH DOSE MO/DAY/YR	5 TH DOSE MO/DAY/YR	MO/DAY/YR
DIPHTHERIA, TETANUS, PERTUSSIS (DTP) (If Td, DtaP, or DT, indicate in corner box)							
POLIO- INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)							
MEASELS, MUMPS, RUBELLA(MMR)							
MEASELS					Measels Serology	DATE:	TITER:
RUBELLA					Rubella Serology	DATE:	TITER:
MUMPS					Mumps Serology	DATE:	TITER:
HAEMOPHILUS B (HIB)							
HEPATITIS B					Hepatitis B Serology	DATE:	TITER:
VARICELLA					Vericella Serology	DATE:	TITER:
OTHER, SPECIFY							

Physician Signature

Date



Emergency Contact Form

Child's Name _____ Birth Date _____

Allergies/Medical Problems _____

Mother /Father/ Guardian Names _____

Home Address _____ Home Phone# _____

Mother Work # _____ Cell # _____

Father Work # _____ Cell # _____

Emergency Contacts (other than mother, father, or guardian)

Name	Address	Phone #'s	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

AUTHORIZATION FOR PEDIATRIC/EMERGENCY/MEDICAL/SURGICAL TREATMENT

It is the firm hope that the authorization granted in this form will never be needed. For the safety of the children, however, sound medical practice calls for such authorization. The authorization granted by this form will be used only when absolutely necessary.

I authorize Camp Aspen to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Camp Aspen). In case of emergency requiring medical attention, I hereby give permission to have my child, _____ taken to _____ (Hospital choice) or other nearby medical facility for medical care under _____ (Doctor Choice) or other qualified physician.

Family Insurance Company _____
Insurance Company Address _____ Policy # _____

I authorize Camp Aspen to take a temperature reading if necessary, I understand that ear or under arm reading only will be taken.

Parent Signature _____ Date _____



MEDICAL PERMISSION FORM & INDIVIDUAL MEDICATION RECORD

Child's Name _____

Condition _____

Special Instructions or Concerns _____

Medication _____

Prescription _____ Non Prescription _____

Amount to be Administered _____

Frequency of Medication _____

Refrigeration Required Yes _____ No _____

Possible Adverse Reaction(s)

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Staff member authorized to administer medication

Name _____

Signature _____ Date _____



Daily Pick Up Form

Child's Name _____ Date _____

***Please use this section to give permission for additional individuals to pick up your child or children at the end of the day. List any persons that will be picking up your child and the days they will be picking up so as to avoid confusion when carpooling.**

My child is in the custody of mother father both parents other (see below)

Pick up will be done primarily by mother father both parents other (see below)

The following people have my permission to pick up my children from Camp.

Name & Phone Number	Relationship	Date of Pick up
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____
4. _____ _____	_____	_____
5. _____ _____	_____	_____

Signature of Parent or Guardian

Date



ASPEN ICE, INC WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN RIGHTS.

I, _____, the Parent and/or Guardian of _____, the enrolled participant of CAMP ASPEN understand that various daily activities to include but not limited to ice skating, gymnastics, baseball/softball, soccer, basketball, volleyball, & other outdoor play are daily activities of the camp, and that each could be considered HAZARDOUS activities. I also recognize that there are risks inherent in each of these activities.

The enrolled participant's parent/guardian hereby agrees to indemnify and hold harmless Aspen Ice Inc., its coaches, officers, directors, agents and employees against any liability resulting from injuries that may occur to the participant during ordinary daily camp activities. The parent/guardian of the participant also agrees to indemnify Aspen Ice, Inc. for any damages incurred arising from any claims, demands, action or cause of action by the participant.

The parent/guardian of the participant authorizes any representative of Aspen Ice, Inc. to have the participant treated in any medical emergency during their participation in said activities. Further the parent/guardian agrees to pay all costs associated with medical care and transportation of the participant.

Any medical or health problems have been disclosed to Aspen Ice, Inc.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.

Parent and/or Guardian Signature _____ Date _____



Sunscreen Application

My child _____

Circle One:

Will / **Will Not** be using sunscreen (which I have provided and labeled with my child's name) during the times that we are outdoors.

During these times I give permission for the sunscreen to be applied by:

Circle One:

My child to him/herself / **Counselor.**