

HEALTH FORM

(Authorization for First Aid to a Minor and Immunization Record)

IMPORTANT REMINDER: Your child will **not** be allowed to attend camp until the **Health & Permission Form** or the **Immunization Exemption Form** is completed, signed, and returned to the address below at least 7 days **PRIOR** to the first day of camp. In addition, if medication needs to be administered by the College's Health Services Staff, a **Medication Administration Form** must accompany the Health & Permission Form. Use one form per camper and return forms to: Camp Ulster, Kingston Center of SUNY Ulster, 94 Mary's Ave. Kingston, NY 12401 or fax to: 845-339-0780. All information will be kept confidential.

PLEASE PRINT CLEARLY: Child's Name, Last _____ First _____
 Birth Date _____ / _____ / _____ Age _____ Grade (As of Sept. 2015) _____
 Parent/Guardian Name _____ Parent/Guardian Name _____
 Phone # _____ Phone # _____
 Cell # _____ Cell # _____
 Alternate # _____ Alternate # _____

~ **ALTERNATE EMERGENCY CONTACTS IN THE EVENT A PARENT/GUARDIAN CANNOT BE REACHED** ~

(If you do not have an alternate emergency contact, please check here _____.)

Name _____ Name _____
 Phone # _____ Phone # _____
 Cell # _____ Cell # _____
 Alternate # _____ Alternate # _____
 Relationship to child _____ Relationship to child _____

HEALTH HISTORY: Please list any medical conditions your child has including: a recent/current illness or injury, existing medical condition, restriction or limitations, seizure disorders, asthma, allergies (i.e. medications, food, insect stings, etc) or special needs. Also list any medication taken by the camper at home or during camp hours.

Please inform us of any medication your child is carrying on to campus – i.e. EPI-Pen Insulin Other (Please state below.)

*If your child needs the College's Health Services to administer medication then the **Medication Administration Form** must accompany this form. It can be found online at www.sunyulster.edu/campulster. All other non-prescription medication must also be kept with the College's Health Services staff to be self-administered under supervision. Please put all medication into a zip lock bag with the child's name on it.*

Doctor's Name _____ Medical Insurance Co. _____
 Phone # _____ Policy # _____
 Hospital Preference _____

Please fill in the immunization dates below or attach the information provided by your doctor or have your doctor fax us the information.

IMMUNIZATIONS DATES:	1ST DOSE	2ND DOSE	3RD DOSE	BOOSTER	BOOSTER
Measles	_____	_____			
Mumps	_____				
Rubella	_____				
OPV	_____	_____	_____	_____	
DPT	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	
Hepatitis B	_____	_____	_____	_____	
Varicella (Chicken Pox)	_____				

I give permission for my child noted above to receive medical treatment in case of injury while attending Camp Ulster. I authorize transportation to a hospital and permission to release his/her medical information. I understand that I am responsible for all payments for medical treatments received from non-camp sources.

- I hereby give permission for my child to attend and take part in all Camp Ulster activities except as noted by his/her physician.
- I understand and give permission for all those responsible for my child to be informed of any restrictions or medical conditions which will impact my child's well-being while at the Camp Ulster i.e. seizures, asthma, allergies, etc.
- I give Camp Ulster staff permission to apply topical insect repellent and/or sun block. (Spray form not allowed.) *Please put your child's name on the product's original plastic container with a permanent marker. Product(s) Name* _____.

Please sign _____ **Date** _____

INFORMATION/PERMISSION FORM

- Camp Ulster may cancel any camp that lacks sufficient enrollment to cover expenses up to one week before the start date. If cancelled, a notice and full refund will be issued.
 - Because noncredit courses are self-supporting we count on registration fees to cover instructor salaries and other course costs. Full refunds are issued up to two weeks prior to class. Please allow 3-4 weeks for a refund. Two weeks or less prior to the start date, you will be charged a prorated administrative fee of 25% of the cost of class. No refunds will be granted on or after the start date of class. If you can't come, send a friend. We regret that we cannot prorate fees for students who cannot attend all sessions of a camp.
 - Please drop off and pick up your child at the door of the classroom. Do not enter the classroom unless invited by the instructor to see a performance, art exhibits, etc... Please do NOT drop off and pick up your child without ensuring your child is signed in/out by the instructor.
 - Your child may be suspended or terminated from camp, at the discretion of the director, for inappropriate language or behavioral problems that endanger other people or create an unfavorable atmosphere for the rest of the group. I understand that there are no refunds for suspensions or terminations.
 - Camp Ulster has the right to change an instructor without notification.
 - Outdoor activities will be held indoors during inclement weather.
 - Camp Ulster is not responsible for lost belongings. Items will be held for one week after the camp has ended. Be sure to label your child's possessions. Lost items will be given to campus Safety & Security (687-5023) at the completion of each camp and held there for one week.
 - I understand that if a vending machine is used that no change or refund will be supplied.
 - Camp Ulster complies with all Ulster County Health Department regulations.
 - Signing this form also gives absolute right and permission to use your child(s) photograph(s) in its promotional materials and publicity efforts. Photograph(s) may be used in a publication, print ad, direct-mail piece, Camp Ulster website or other forms of promotion or information. I release Camp Ulster, its agents, staff, and the photographer from liability for any violation of any personal or proprietary right I may have in connection with such use.
- Opt Out of Photo Release

Please sign _____ Date _____

Please list all of the camps your child will be attending*:

_____, _____, _____

_____, _____, _____

*If your child is attending the **Baseball Camp** please give their t-shirt size. _____

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Health Services
845-687-5246

Dear Parents,

I am the SUNY Ulster Health Services Coordinator and work closely with Continuing Education to insure that your child has a safe and positive experience during camp season.

It is important that our medical staff and public safety staff be fully aware of any special circumstances for your child such as allergies and anything that might compromise your child while he/she is in our care.

To that end we have access to an electronic data base that will allow any safety or medical personnel to know immediately if your child has a medical condition requiring special care.

Please complete the form below to allow us to enter your child's name in our database. If you check AGREE then you do not have to fill in the immunization portion of the health form. Return this form along with your registration and health form. This is confidential information and can only be accessed by medical or public safety staff and used to assist your child.

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I _____ AGREE that my child's medical information can be entered in the public safety data base and be used only to provide him/her with emergency care.

I _____ DO NOT AGREE that my child's medical information can be entered in the public safety data base for use in providing emergency medical care.

I have the right to withdraw permission for the release or storage of my information. If I assign this authorization to use, store, or disclose information I can revoke that authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.

I have the right to receive a copy of this authorization.

I am signing this voluntarily and treatment will not be affected if I do not sign this authorization. I further understand that the person to whom my information is disclosed based on this authorization may not redisclose without further authorization except as allowed by law.

Child's name _____ Date of Birth _____
Parent's Name _____ Date _____
Health Services Staff _____