

MEDICAL HISTORY FORM

****MUST BE COMPLETED AND RETURNED BEFORE YOUR CHILD WILL BE REGISTERED FOR CAMP****

Child's Name: _____ **Grade in Fall:** ____ **Sex:** ____ **Age:** ____ **DOB:** _____
Name of Child's Physician: _____ **Physician's Phone:** _____
Address of Physician: _____

Health History: Give applicable dates – If **NO PROBLEM, indicate by writing **NO or N/A****

Heart Trouble: _____ Measles: _____ Mumps: _____
Kidney Trouble: _____ Seizures: _____ Fainting: _____
Diabetes: _____ Serious Injury: _____
Asthma (Give Details): _____
Behavior: _____ Allergies: _____
Penicillin or other drug reactions: _____
Reactions to Insect Bites or Stings: _____ Check if never been stung

Does your child have any other special problems or needs that the staff should be aware of? _____
Is your child now receiving medication? _____ If yes, what? _____ Give at camp? _____

Immunizations: Give most recent dates – Required by State – "Up to Date" will not be accepted

DPT: _____ Measles: _____ H.I.B.: _____
Polio Series: _____ Mumps: _____ Hepatitis B: _____
Tetanus: _____ Rubella: _____ Other: _____
____ Check here if you have attached a copy of the physician's record. (Not Required)
____ Check here if you submitted immunization dates last year and there are no updates

I hereby certify that the information herein provided is complete and correct to the best of my knowledge, and that this child is in good health and can participate in the normal activities of the program. In the event that I cannot be reached in an emergency, I give the MVCA permission to seek emergency transportation for my child, and for the physician selected by the Director of the MVCA program to hospitalize and/or otherwise secure proper treatment, including anesthesia and surgery, for the above named child.

Parent or legal guardian's signature: _____ **Date:** _____

Please initial if the camp staff has permission to help your child apply sun block and/or insect repellent provided by you. _____ (INITIALS) This must be initialed for your child to have these products applied while at camp.

My above named child has permission to participate in all activities that are part of this program, including field trips and swimming.
Parent or legal guardian's signature: _____ **Date:** _____

I give permission for MVCA to use any photos of my child taken during this program for publicity or program literature.
Parent or legal guardian's signature: _____ **Date:** _____

Please provide details about any child custody arrangements in place, including days each parent is allowed to pick up the child from camp. If no custody situation is applicable, please check and sign.
 Not applicable. Court order attached.

Parent or legal guardian's signature: _____ **Date:** _____

***If any of the information provided changes, it is the responsibility of the parent or guardian named above to notify the MVCA in writing.**

Please mail this application with payment to MVCA, P.O. Box 399, Long Valley, NJ 07853 or hand-deliver to the MVCA at the Valley Professional Center, 59 East Mill Rd., Building 3, Unit 101, Long Valley. Those paying by credit card may also fax to 908-876-9435 or email to director@mvca.org. Please do not write any credit card information on this application.
"Thank you for registering your child/children for MVCA Camp 2018 – The best summers ever just keep getting better!"