



Please Mail form to: Northwest Park
145 Lang Road
Windsor, CT 06095
(Fax) 860-925-6291

- Camper
- Junior Counselor
- Staff

NORTHWEST PARK SUMMER CAMP HEALTH RECORD

General Information:

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Grade In Fall: _____ Sex: _____

Home Phone: _____ Work Phone (Parent/Guardian): _____

Parent/Guardian Name(s): _____ Cell Phone (Parent/Guardian): _____

In the case of an emergency, please notify:

1.) Name: _____ Phone Number(s): _____

2.) Name: _____ Phone Number(s): _____

3.) Name: _____ Phone Number(s): _____

Family Physician: _____ Phone Number(s): _____

It is important for Nature Camp Staff to be fully aware of allergies, chronic or recurring illnesses, or physical limitations of your child, as well as any medications your child is taking.

Please list and briefly explain the following:

Chronic or serious illness: _____

Allergies: _____

Current Medications: _____

Prior Injuries: _____

Has your child ever had a bee sting? YES NO Reaction: _____

If Northwest Park staff determines that a medical emergency exists, our policy is to call 911 and then we will call the three emergency contacts. If the first emergency contact cannot be reached, the second will be tried, and then the third. If none of the contacts are reachable, Northwest Park will contact Dr. William Harris with Windsor Family Medicine.

To the best of my knowledge, my child _____ is in good physical health and is able to fully participate in all Nature Camp activities. I understand and give my consent to the medical procedures as described above.

Parent/Guardian Signature: _____ Date: _____