



# Camper Registration - America's Camp Summer Reunion August 26<sup>th</sup>, 2012

Please return these forms to America's Camp c/o Howard Greenstein, 3 Burlington Ave. Suffern NY 10901

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

T-shirt Size \_\_\_ Youth L Adult: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL

Siblings at Camp for reunion: \_\_\_\_\_

**Transportation: (Bus pickup areas will be finalized shortly)**

- Van from Boston Area
- Bus from Long Island/Queens, NY
- Bus from Rockland/Westchester NY
- I Will Drive My Child to and from Camp for the reunion

## EMERGENCY CONTACT INFORMATION:

### Parent or Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Alternate Contact 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Alternate Contact 2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to attend the America's Camp Reunion on August 26<sup>th</sup>, 2012 at Camp Danbee. I will provide transportation to/from the bus pickup or transport my child to and from camp on that date.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Parents:** As this is a one-day reunion, we expect to have limited medical interactions with your child, except on an emergency basis. We will have a nurse at camp during the reunion activities.

## Camper Medical Information

### General Health and Authorization of Medical Treatment:

For the purposes of this one-day reunion, my child has permission to engage in all camp activities except as noted below. **Authorization for Distribution of Prescriptions:** I hereby authorize **America's Camp** to administer, to the person herein described, the medications (listed below or prescribed while at camp by a physician), in accordance to the regulations listed in CMR101. **Authorization for Routine Medical Treatment:** I hereby authorize the Camp to give routine medical care. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I will assume all financial responsibilities for emergency treatment for my child not covered by the camper medical insurance.

### Please list any activities in which your child may not engage:

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### Allergies (List and describe reaction and management of the reaction)

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### Administration of Medicine from home

NOTE: Should your child require any medication brought from home, it must be sent labeled with your child's name, the dosage, and be packed in a way that it is easy to administer since we will not have a chance to set up a full infirmary schedule.

My Child does not require any medication during this reunion

For this one-day reunion, my child requires the following medications at Lunch and/or Dinner:

	Medication(s)	Dosage	Notes
Lunch			
Dinner			

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Signature of parent or guardian

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Date