

Town of Bedford Recreation and Parks Department – Tiny Tots

Camper's Name _____ **DOB** _____

Address _____ Own ___ Rent ___

Parent Contact Name _____ Cell _____ Alt # _____

Additional Contact Name _____ Cell _____ Alt # _____

Doctor's Full Name _____ Phone _____

HOSPITALIZATION INSURANCE CO. _____ I.D.# _____

MEDICAL NEEDS / CONCERNS

Is your child taking any prescription Medicine? YES NO
 If Yes Medication _____ For _____

Any Known Food /Drug/Insect/Bee/Animal/Environmental Allergies _____

Will your child need to have/take any medication at camp (Benadryl/ Epi Pen/Inhaler) YES** NO

** Any camper needing to take/have medication during camp must submit Medical Release Form to the Camp Director on the first day your child attends camp.

Please list any medical or behavior concerns that will assist our staff in properly caring for your child.

IMMUNIZATION RECORDS (exact dates i.e. - 4/6/15) required by New York State Law)

Diphtheria/Tetanus (DPT or DTaP)	1) _____	2) _____	3) _____	4) _____
Polio Vaccine (OPV or IPV)	1) _____	2) _____	3) _____	4) _____
Haemophilus Influenza type b (Hib)	1) _____	2) _____	3) _____	4) _____
Hepatitis B (Hep B)	1) _____	2) _____	3) _____	
Measles/Mumps/Rubella (MMR)	1) _____	2) _____		
Varicella (Chickenpox)	1) _____	2) _____		

General Release: The undersigned hereby releases the Town of Bedford, its Town Board, Recreation & Parks Department, employees and volunteers thereof of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the Bedford Day Camp/Bedford Tiny Tot program. In the event of injury/illness, if I cannot be reached, I give permission for my child to be taken for evaluation & treatment at a hospital for needed care. I also give permission for my child to: *participate in all camp activities *swim at the Town Pool *participate in out of camp trips that may include aquatic amusement activities and swimming *be bussed to the rain location, trips & the Day Camp Carnival *have photo's taken during events & permission for the department to use them, unless I notify them in writing *carry sunscreen that is FDA approved for OTC use. I understand that once camp starts there is no refund for any reason except medical.

Parent/ Guardian Signature _____ **Date** _____

TINY TOTS FRIEND REQUEST 1. _____ 2. _____
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Please Pick Hamlet _____ Bedford Hills _____ Bedford Village _____ Katonah _____
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