



# YWCA CAMP FUNKIST SUMMER 2008

515 North Street White Plains, NY 10605 (914) 949-6227 x168 www.ywcawhiteplains.com

*Where summer fun begins...*

Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## **MEDICAL AUTHORIZATION**

Please be advised that there are inherent risks related to the day camp program and its physical sports and other activities. There is the possibility of physical injury or damage to personal property. The safety of campers is the first priority of the day camp staff. If injured, your child will be taken to White Plains Hospital, or the nearest hospital when we are on a trip.

**Please read the statement below carefully:**

In the event of serious illness or injury, I authorize the day camp staff to transport my child to a hospital emergency facility for treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

I, \_\_\_\_\_ have read, understand, and agree with all of the above.  
(Guardian's name)

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

## **MEDICAL CONTACT INFORMATION**

Hospital insurance carrier \_\_\_\_\_

**Child's Physician** \_\_\_\_\_

Group/Hospital name (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Group/Hospital name (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

## **FOOD ALERT**

To ensure that your child is not given any food that he/she may be allergic to or should not eat for religious purposes please check below. If applicable, list all food restrictions.

- \_\_\_\_\_ My child has food restrictions for religious purposes
- \_\_\_\_\_ My child has food restrictions for medical reasons.
- \_\_\_\_\_ My child does not have any allergies of which I am aware.

My child may not eat the following foods: \_\_\_\_\_

