



# FLORHAM PARK DAY CAMP

## SUMMER 2025

*Medical Form (one per child)*



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

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering (Fall 2025) \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent # 1 Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent # 2 Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Health Problems, Allergies, Communicable Diseases: \_\_\_\_\_

### **Does your child require the following?**

Epi Pen	Yes / No	If so, has your child been trained to self-administer?	Yes / No
Inhaler	Yes / No	If so, has your child been trained to self-administer?	Yes / No
Glucagon	Yes / No	If so, has your child been trained to self-administer?	Yes / No
Medication	Yes / No	If so, has your child been trained to self-administer?	Yes / No

\*Please Note: Day Camp does not distribute medication to children. In the event of an emergency, your child's Inhaler, Epi Pen, or Glucagon will be administered by the medical office coordinator. **Parent Initial** \_\_\_\_\_

### **Does your child have special needs or receive any special services from his/her school? Circle Yes / No**

If yes, please write a brief description (examples: IEP, speech, physical or occupational therapy, counseling, classroom aide, etc.): \_\_\_\_\_

*We comply with the requirements of state and federal law in making reasonable accommodations to facilitate participation. Florham Park Day Camp may refuse admission to any camper with a pre-existing disability, medical condition, or psychological condition if we determine that accommodations for such conditions cannot reasonably be made so that the borough can ensure a safe and enjoyable environment for all children in Day Camp. If there are any special requests, accommodations, or problems related to a disability, medical condition, or psychological condition, please attach an explanation. You will be contacted by a Recreation Department staff member prior to the start of Day Camp. Requests must be made no later than at the time of registration. Information will remain confidential. Failure to supply pertinent information in advance may result in the dismissal of your child from Day Camp without a refund.*

### **Most Recent Immunization Dates:** (If this is not complete, your registration will not be accepted.)

Please do not state "up to date" or "19\*\*". Dates must be exact. 00/00/0000

DPT or DT \_\_\_\_\_ Polio \_\_\_\_\_ HIB \_\_\_\_\_ MMR \_\_\_\_\_ Other \_\_\_\_\_

Camper's Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent/Guardian Signature**

**Date**