

APPLE BLOSSOM VILLAGE SUMMER DAY CAMP

690 Allegheny Road, Mt. Bethel, PA 18343
Phone (570) 897-5900 Fax (570) 897-7157
Email: iloveappleblossom@gmail.com
Online: www.appleblossomvillage.com

2011 MEDICAL INFORMATION AND AUTHORIZATION

Name: _____ Date of Birth _____ - _____ - _____

Home Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

Parent/Guardian _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Parent/Guardian _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Emergency Contact (Other than parent/guardian)

Name _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Health History (Please check all that apply)

- | | | |
|----------------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (List Below) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | _____ |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizure Disorder | _____ |

Date of last Tetanus Shot _____

List any recurring problems, either physical or emotional _____

List any allergies to food, drug or insect stings (if none, write none) _____

Notification: Do you wish to be notified during camp hours for minor injury (ie. Scrapes, non-allergetic bee stings, bloody nose) YES NO

