

PLEASE CHECK ONE:

CAMP FUNSHINE

CAMP COASTLINE

REC BY THE RIVER



**York Parks & Recreation Department**  
*Camper Information/Medical Form*

Date: \_\_\_\_\_ Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (entering in the fall): \_\_\_\_\_ Sex: \_\_\_\_\_

**IN CASE OF EMERGENCY**

**Parent/Guardian:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Alt#:** \_\_\_\_\_

**Second Parent/Guardian:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_ **Home#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**EMERGENCY CONTACTS**

**Name:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Home#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Alt#:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Home#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Alt#:** \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any food, medication, environmental allergies?  YES  NO

If you checked "YES", please list and explain allergies below:

\_\_\_\_\_  
\_\_\_\_\_

Please list and explain, if any, medical conditions (asthma, seizures, headaches):

\_\_\_\_\_  
\_\_\_\_\_

Please list and explain significant medical history (surgery, injuries, serious illness):

\_\_\_\_\_  
\_\_\_\_\_

Please list, if any, medications taken regularly (Medication Administration Form must also be completed):

\_\_\_\_\_  
\_\_\_\_\_

**Immunization Form** – Separate Form (must also be completed)