



## 2024 Medical Information

Child's First and Last Name: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_

### **IMMUNIZATION RECORDS**

Please email a copy of your child's most up-to-date immunization record and physical examination form from your pediatrician to [education@saratoga-arts.org](mailto:education@saratoga-arts.org). Children returning to camp across multiple weeks will only need to submit once within the 2024 calendar year.

### **OTHER IMMUNIZATIONS**

Type: \_\_\_\_\_ Date: \_\_\_\_\_

Type: \_\_\_\_\_ Date: \_\_\_\_\_

### **COVID-19**

Has your child been immunized against COVID-19?    \_\_\_ YES    \_\_\_ NO

Immunization Date(s): Initial shot \_\_\_\_\_    Shot 2 (if applicable) \_\_\_\_\_

### **HEALTH CONDITIONS**

**Allergies**-Are there allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify triggers, timing, Epi-pen required,

etc \_\_\_\_\_

**Medication**-Is medication taken regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify drug and condition \_\_\_\_\_

**Dietary Restrictions**- Is there a special diet required? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify \_\_\_\_\_

**Hearing, Visual, Dental Conditions**-Are there any requiring special attention? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify \_\_\_\_\_

**Medical Conditions**- Are there any requiring special attentions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify \_\_\_\_\_

**Developmental Conditions**- Are there any requiring special attentions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify \_\_\_\_\_



## Memo of Understanding / Medical and Liability Release Form

4. It is understood that the parent will provide the emergency medications needed at camp and sign this form
5. Furthermore, I (we) and on behalf of my (our) child-participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and activities involved therein.
6. The undersigned further hereby agrees to hold harmless and indemnity said Saratoga Arts, their directors and agents, for any liabilities sustained by said Saratoga Arts Summer camps, their directors and agents as the result of the negligent, willful or intentional act (s) of said participant, including expenses incurred attendant thereto.
7. I (we) am (are) the parent (s) of legal guardian (s) of this child-participant, and hereby grant my (our) permission for him or her to participate in activities of said camp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatments, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the child-participant to return home due to medical reasons, disciplinary or otherwise, the parent will pick up the child-participant.
8. In the event of an emergency requiring medical treatment, I give permission to the camp staff to obtain the services of a licensed physician. Please notify me immediately of any such emergency.

Parent/Guardian Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_