

PLEASE WRITE CLEARLY AND FILL EVERYTHING OUT! Incomplete forms will not be accepted.

NAME: _____

Name: _____ Date of Birth: _____ Check one: Male ___ Female ___

Check one: Deaf ___ Hard of Hearing ___ Uses cochlear implant(s) ___ Hearing ___

Address/City/State/Zip Code: _____

#1 Parent/Guardian Name: _____ Text #: _____

Phone: _____ Work Phone: _____

#2 Parent/Guardian Name: _____ Text #: _____

Phone: _____ Work Phone: _____

REQUIRED: Emergency Contact Information: (only if both parent/guardian is unavailable)

Name: _____ Relationship: _____

Phone: _____ Text #: _____

Primary Physician Information:

Physician's Name: _____ Phone: _____ Fax: _____

Medical Insurance: *Please submit a copy of your insurance card (front & back).*

Primary Insured: _____ Insurance Company: _____

Group ID: _____ Policy Number: _____

Insurance Company phone number: _____

Dietary Restrictions: *Please be specific.* _____ **None**

Indicate any dietary restrictions your child has (ex. vegetarian, lactose-intolerant, etc.).

Allergies: *(please indicate any allergies your child has)* _____ **None**

Is the individual currently taking any prescribed medication? Yes ___ No ___

All medications must be brought in original vials with doctor's instructions on it.

Medication will be given as instructed on bottle or with physician note, not per parental instruction.

Immunization Records: *Please submit a copy of your child's immunization records.*

The NYS Dept. of Health requires a complete record of all immunizations received prior to attending CM7. We require dates of the following immunizations: **Tetanus, DPT, Polio, Measles, Mumps, Haemophilus Influenza type A and type B, Hepatitis B, Rubella**, and a vaccine or the date of the following diseases: **chicken pox and german measles.**

Check activities permitted

___ Mountain trail hike ___ Waterskiing ___ Tubing ___ Canoeing ___ Sailing ___ Volleyball ___ Basketball

___ Lawn Games ___ Overnight Camping ___ Waterpark ___ Swimming

SESSION: KC KY KT DEAF

YEAR: _____

PARENTS: DID YOU LEAVE ANYTHING BLANK? GO BACK AND FILL IT OUT!
 DON'T FORGET TO ATTACH MEDICAL INSURANCE CARD (FRONT & BACK) & IMMUNIZATION RECORDS!