

IMMUNIZATION RECORD MUST BE ATTACHED

Child Emergency Card – Mayville/Chautauqua Summer Recreation Program

Child's Name _____ Birth Date _____ Sex _____

Address _____ City _____ Zip _____ Home Phone _____

Email address _____

Entering Grade _____

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

Name	Business Address	Business Phone
Mother _____	_____	_____

Father _____

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED: (Be sure to inform persons listed.)

Name _____ Name _____

Address _____ Phone _____ Address _____ Phone _____

Relationship to Child _____ Relationship to Child _____

Please list all allergies, medical problems, or any other pertinent information (be specific).

Child's Doctor: Name _____
Address _____
Phone _____

I, the undersigned, do hereby authorize officials of the Village of Mayville to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

The Village of Mayville will make every attempt to contact the physicians and persons listed on the card. However, in the event the physicians, other persons named on this card, or parents cannot be contacted, the Village officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

Signature of parent/guardian _____ Date _____

****Please complete both sides of this form and attach immunization record****

*******Immunization Record must be attached*******

NEW YORK STATE LAW

A current confidential medical history, including the child's immunization record which shall include immunization dates against diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox), shall be kept on file for every camper and updated annually.

Medications/treatments can not be administered by any staff

The following information also must be provided

1. Recent/current illness/injury/existing medical conditions

2. Restrictions/limitations

3. Allergies (e.g. medications, food, insect stings)

4. Other concerns, allergies, activity restriction or other conditions/special needs will be shared with the appropriate staff in charge of the activity (e.g. camper's counselor, aquatic director)
