

**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	_____	_____	_____
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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

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2. Restrictions/limitations

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

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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)

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