

**HEALTH ASSESSMENT STATEMENT
For Bergen County Zoo Camp
ENROLLMENT Requirements**

Emergency Contact Information: Child's Name: _____ Name of contact: _____ Relation: _____ Cell Phone: _____

PURPOSE: Information provided is used by Health Department to: (1) verify child health and immunization status; (2) note special program considerations or restriction on child participation; (3) plan for the delivery of emergency medical procedures.
USES: All information is confidential and shared with staff as needed to protect the child's safety and comfort during program hours.
DISCLOSURE: Information is voluntary; however, if information is not provided, individuals may not be able to participate in zoo activities.

TO BE COMPLETED BY PARENT/GUARDIAN:

Name of Child: _____ **Date of Birth:** ____/____/____

Age: _____ **Male or Female:** _____ **Grade in School/Last Grade Completed:** _____

Name of Parent/Guardian: _____

Home Address: _____

Cell Phone #1/ Name & Relation: _____ **Cell Phone #2/ Name & Relation:** _____

Additional Name & Contact Number: _____

Family Email Address: _____

CHILD HEALTH INFORMATION:

Does the above named child currently have or been treated for any of the following?:

YES	NO	CONDITION	EXPLAIN
		Abdominal/Digestive Problems	
		ADD/ADHD	
		Asthma Last Hospital Visit (MM/YY) ____/____	Please complete and return attached Asthma Action Plan
		Autism Spectrum Disorder	
		Behavioral/Conduct Concerns (anxiety, school phobia)	
		Bleeding disorders	
		Chest Pain with Exercise	
		Current Cancer Treatment	
		Diabetes (If Yes, sugar is checked ___x/day)	
		Difficulty with social interactions	
		Excessive Fatigue or shortness of breath with exercise	
		Excessive shyness	
		Fainting Spells	
		Heart Disease (Any Physical limitations?)	
		High Blood Pressure/Hypertension	
		Kidney Dialysis (Dialysis Days: Mon Tue Wed Thur Fri)	
		Learning Difficulties	
		Lung/Respiratory Disease	
		Psychiatric/psychological/emotional difficulties	
		Recent bone injury (MM/YY) ____/____	
		Recent head injury/loss of consciousness	(MM/YY ____/____)
		Required restricted physical activity	
		Seizures (last seizure activity MM/YY ____/____)	Type:
		Psychiatric/psychological/emotional difficulties	
CONTINUED ON OTHER SIDE			

CHILD'S NAME: _____ CHILD'S DATE OF BIRTH: _____

YES	NO	CONDITION	EXPLAIN
		Sickle Cell Disease	
		Speech/Language Delays	
		Other:	

ALLERGIES/ ASTHMA/SENSITIVITIES:

Is the above named child allergic to or have any adverse reaction to any of the following?:

YES	NO	ALLERGY OR REACTION TO:	EXPLAIN:
		Medication	
		Food	
		Plants/Trees	
		Bees/Insect bites	
		Other	

IF YOUR CHILD HAS A HISTORY OF ALLERGIC REACTION TO ANY OF THE ABOVE, PLEASE BE SURE TO COMPLETE AND RETURN THE ATTACHED FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN. YOUR CHILD'S NON-EXPIRED ALLERGY MEDICATIONS MUST ACCOMPANY YOUR CHILD TO ZOO CAMP.

HEALTH NEEDS:

Please indicate if the above named child uses any of the following:

	Wears contact lenses/corrective glasses
	Wears orthodontic appliance and/or braces
	Wears hearing aid(s)
	Wears an insulin pump
	Wears medical ID for _____
	Wears orthopedic device
	Other:

IMMUNIZATIONS: All campers shall be immunized with the vaccinations required for school attendance, as appropriate for the camper's age, according to the immunization schedule set forth at Immunization of Pupils in School, N.J.A.C. 8:57-4.1.

*******IMMUNIZATION DATES ARE REQUIRED (MM/DD/YY). "Up to date" is NOT ACCEPTABLE!*******

Please attach up to date copy of immunizations from school or doctor's office.

PARTICIPATION RECOMMENDATIONS:

Please indicate the above named child's physical activity abilities:

	Normal physical Activity
	Restrictions (please explain)
	Additional comments:

SPECIAL MEDICAL CONSIDERATIONS:

Please describe any special program needs, considerations or restrictions which the above named child requires in order to participate in the Bergen County Zoo Camp:

Is above named child able to fully participate? Yes _____ No _____

Date _____

Print Parent/Guardian Name _____

Signature of Parent/Guardian _____

Please feel free to attach additional significant information that will assist us in providing an enriching day camp experience for your camper.

Thank you! ☺