## TO BE COMPLETED BY THE PARENT

Child's Name: (Last) (First)			Gender:		Date of Birth
Child's Health Insurance Carrier:			Male Female  alth Insurance ID Number No health insurance		
Parent/Guardian Name:	Cell Phone:			Secondary Phone:	
Parent/Guardian Name:	Cell Phone:			Secondary Phone:	
I have provided the HRD with a copy of my I give my consent for my child's health care discuss the information on this form. Signa	provider and child ture:		, the Highland	ls Recreation Departn	nent/school nurse to
My child does not have any medical conditions that might impact his/her health and well-being while attending the HRD summer camp.		My child does have medical conditions that might impact his/her health and well-being while attending the HRD summer camp which is listed below.			
		Chronic Med	ical Condition	s:	
	Medications/Treatments:				
		Physical Activ	vity Restrictio	ns:	
	Allergies: If your child requires an epi-pen, provide one to the nursing director. Please list any allergies:				
	My child has an epi-pen My child does not have an epi-pen				
		Asthma: If your child requires an inhaler, provide one to the nursing director  My child has asthma and has an inhaler  My child has asthma and does not have an inhaler			
		Special Medical Diet:  I will be providing my child with breakfast, lunch, and snacks daily.			
		Special Care	Plan/Modifica	ations/Equipment Nec	eds
		THINGS YOU CONDITION.	WANT US TO	KNOW ABOUT YOUR	CHILD'S MEDICAL
Preferred Physician:		Phone	e Number:		
Hospital:					
The Borough of Highlands has permisbehalf.		first aid and or No	can author	ize hospital transp	ortation on my