

Avnet Country Day School
Jack Tarzik, Director
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Campus _____
Group _____
Session _____
Bus _____
OFFICE USE ONLY

HEALTH RECORD FORM – TO BE COMPLETED BY PARENT

CHILD'S NAME _____ AGE _____ DATE OF BIRTH ____ / ____ / ____.
(Last) (First)

ADDRESS _____ HOME PHONE _____

MOTHER'S NAME _____ WORK PHONE _____ CELL # _____

FATHER'S NAME _____ WORK PHONE _____ CELL # _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY: NAME _____

RELATIONSHIP TO CHILD _____ PHONE _____

NAME OF PHYSICIAN _____ PHONE _____

NAME OF DENTIST/ORTHODONTIST _____ PHONE _____

HEALTH HISTORY AND WELFARE CONSIDERATIONS

ARE THERE ANY ALLERGIES TO FOODS, MEDICATIONS, INSECT STINGS, ETC.? _____

ANY FAMILY, DIVORCE OR CUSTODIAL ISSUES? _____

ANY DIETARY ISSUES? _____

DOES YOUR CHILD RECEIVE ANY MEDICATIONS? _____

ANY SUPPORT SERVICES? _____

DOES YOUR CHILD HAVE ANY EMOTIONAL, SOCIAL OR BEHAVIORAL DIFFICULTIES? _____

ANY PHYSICAL LIMITATIONS OR RESTRICTIONS? _____

DO YOU HAVE ANY SUGGESTIONS OR SPECIAL INSTRUCTIONS FOR YOUR CHILD'S CARE? _____

I hereby give permission for my child to be given the following medications (by a registered nurse) if necessary:

____ Tylenol ____ Oral Benadryl ____ Topical Benadryl ____ Advil/Motrin ____ Dramamine ____ Tums

I hereby give permission for my child to take trips, including overnight trips, with his/her group during the coming season. I also hereby authorize HALB'S AVNET COUNTRY DAY SCHOOL to provide routine medical care and to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. This form may be photocopied for use out of camp. In the event that I cannot be reached by phone in an emergency, I hereby give permission to my family physician, any local physician or hospital and to HALB'S AVNET COUNTRY DAY SCHOOL to administer emergency treatment to my child.

Parent's Signature

Date