

BETHPAGE DISCOVERY PROGRAM APPLICATION

I would like to [register](#) my son/daughter for the Bethpage Discovery Program

Childs Name: _____

Grade entering September 2012: _____

Birth date: _____

Parent's Name: _____

Home Address: _____

Home Telephone #: _____ Cell phone #: _____

Emergency Contact Name & Phone # from 7/10- 8/16: _____

My child may be picked up by: _____

DISCOVERY- SUMMER 2012 MEDICAL FORM

Student's Name:	
Date of Birth:	
Grade Entering Sept. 2011:	
Name of School:	
Parent's Name:	
Home Address:	
Home Phone:	
Work Phone:	
Cell Phone:	
Physician Name:	
Physician Phone:	

EMERGENCY CONTACTS:

NAME:	HOME:
	CELL:
NAME:	HOME:
	CELL:

MEDICAL QUESTIONNAIRE MUST BE COMPLETED BY PARENT:

1. Does your child any allergies or dietary restrictions? Yes or No If yes, please specify:

2. Does your child require medication on a daily basis? Yes or No If yes, please specify:

****DOCTOR'S PRESCRIPTION REQUIRED TO ADMINISTER MEDICATION TO CAMP NURSE****

3. Does your child have any medical/health concerns? Yes or No - If yes, please specify:

4. Is your child restricted from any physical activity? Yes or No If yes, please specify:

5. Has your child had any serious illness, injury, or operation? Yes or No

If yes, please specify:
