New Town Day Camp
344 East 14th Street
New York, NY 10003
646-395-4326
14streetY.org

# CHILD'S HISTORY FORMSUMMER 2018
## PLEASE COMPLETE BOTH SIDES OF THIS FORM

*Thank you for taking the time to fill out this information in as much detail as possible. We appreciate your time and want to assure you that this information will be kept confidential. This information will only be shared with the classroom teams so that we can best serve the needs of your child. Again, many thanks for your time.*

Child's Full Name: _____ DOB: _____ /_____ / _____

Gender _____Does your child have a nickname that they wish to be called: _____

**SWIM**

*Camp accommodates all swim levels of campers and will evaluate each camper to place him/her in the appropriate swim group. We would love to have some information beforehand so the counselors can prepare as much as possible especially if there are any emotional components concerning the pool.*

Has your child ever had swimming lessons before? YES NO
If you answered yes, please let us know for how long and comfort level in the pool:

_____

If you answered no, please let us know if your child has ever been in a pool before, the amount of exposure to the pool and if there are any fears we should be aware of:

_____

_____

**GENERAL MEDICAL HISTORY**

Has your child had a history of the following?

Chronic ear infections: YES NO How frequent? _____

Serious illnesses: YES NO Please explain: _____

_____

Surgeries: YES NO Please explain: _____

Hospitalizations: YES NO Please explain: _____

Does your child take medications? YES NO Please list all the medications your child is currently

taking: _____

**Please complete other side**

14TH STREET Y | PROUD PARTNER UJA FEDERATION | Educational Alliance

New Town Day Camp
344 East 14th Street
New York, NY 10003
646-395-4326
14streetY.org

Does your child have allergies: YES NO What is your child allergic to? Please list and explain

all medications, treatments, if they have a prescription Epi-pen and any other allergies:

_____

_____

Does your child have any physical special needs: YES NO Please explain: _____

_____

Please provide any additional information you feel is important regarding your child's health: _____

_____

_____

**SPECIAL SITUATION OR NEEDS THAT CAMP SHOULD BE AWARE OF:**

Is your child currently receiving any therapeutic interventions, such as speech therapy, occupational therapy, etc? How often? Please explain:

_____

_____

Are there any things or circumstances that you think we should know so as to best accommodate your child and family? Or, anything else about your child and family that you feel would be important for your child's counselors to know?

_____

_____

_____

_____

_____

Name of person(s) completing this form: _____

Relationship to child: _____ Today's date: _____