

Town of Ticonderoga

Summer Program 2016

The program will run from Monday, July 11 through Friday, August 12, from 7:30 AM – 2:30 PM at the Ticonderoga Elementary/Middle School (towards back of building - the cafeteria side entrance)

The cost is \$10.00 per day.

The registration, medical and health record forms, and payment can be given to the town clerk at any time. You can obtain them at the Town Clerk's Office or off the Town's Website - townofticonderoga.org - Youth Department

Pre-Registration and payment is required.

You can choose to send your child to the program every day or you can choose what days your child will attend.

If you should have any questions please contact the Town Clerks Office at (518)-585-6677.

Town of Ticonderoga

Summer Program 2016

Kindergarten to age 13

Registration fee \$10.00 per day

Name:

Address

City _____ State _____

Zip _____

Phone _____

or _____

Name of the child(ren) along with the age of the child(ren) that you are registering for the Summer Program and dates of attendance:

Name	Age	Dates Attending
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Signature _____

____ Date _____

CONFIDENTIAL

DIPHTHERIA	
MEASLES	
MUMPS	
POLIO	
RUBELLA	
TETANUS	
HEPATITUS	

MEDICAL HISTORY

Please fill in the chart below or attach a copy of your child's shot records

Dates of Immunizations

REQUIRED MEDICATION

PLEASE REMEMBER

ALL MEDICINE MUST BE LABELED WITH:

Child's name	Name of Medication	Dosage
Time given	If refrigeration is needed	Special conditions
	Instructions	

**YOUR CHILD MUST KNOW THE FOLLOWING IN ORDER TO HAVE
MEDICATION AT THE PROGRAM:**

Recognize name	Recognize medication	Dosage
Knows what it is for	Knows how to take it	Knows when taken

NAME OF MEDICATION:

SPECIFIC INSTRUCTIONS:

CHILD'S NAME

PARENT'S NAME

HEALTH RECORD

Child's Name _____ Age _____ Date of Birth _____

Parent or Guardian _____ Home Phone: _____

Work Phone: _____

Emergency Contact if Parents Can NOT be readied _____ Phone Number _____

YES NO		YES NO	
Allergies/Hay Fever		Elevated Blood Pressure	
Bee Sting Allergy		Headaches	
Asthma		Head Injury/Concussion	
Bladder Kidney problem/injury		Heart Problem/Murmur-chest pains	
Chicken Pox		Hepatitis	
Constipation		Measles/Mumps	
Convulsions/Seizures		Nose Bleeds/Frequent or Severe	
Fainting Spells		Ankle Injury	
Fr. ant Colds		Back Pain/Injury	
Frequent SarO Throat		Fracture-Dislocation Bones/Joints	
Diabetes		Knee Pain/Injury	
Ear Problem/Hearing Loss		Neck Injury	
EEe Problem/ Vision Loss		Nose Fracture	
Injury to Spleen		Serious Ivy, Oak cv Sumac Poisoning	
Joint Sprain/Ligament tear/Pull		Tetanus Toxoid	
One Kidney		One Testicle	
Hospitalized in the last 6 months		Orthodontic Appliances	
Taking any Medication Now		Capped Teeth	
Wear Glasses		Wear Contact Lenses	

In case of any EMERGENCY, I give permission to the Physician selected by the camp, to administer proper treatment. Every effort will be made to contact the parents in the event of the emergency.

Parent Signature

Date

I give permission to my child to participate in the Ticonderoga Program. I understand that my insurance is the primary insurance and the Town's insurance is the secondary. The Town of Ticonderoga is NOT responsible for any accidents or injuries.

Parent Signature

Date

****PLEASE ADVISE US IMMEDIATELY OF ANY CHANGES****