HEALTH ASSESSMENT STATEMENT
For Bergen County Zoo Camp
ENROLLMENT Requirements

PURPOSE: Information provided is used by Health Department to: (1) verify child health and immunization status; (2) note special program considerations or restriction on child participation; (3) plan for the delivery of emergency medical procedures.
USES: All information is confidential and shared with staff as needed to protect the child's safety and comfort during program hours.
DISCLOSURE: Information is voluntary; however, if information is not provided, individuals may not be able to participate in zoo activities.

TO BE COMPLETED BY PARENT/GUARDIAN:

Name of Parent/Guardian: _____

Home Address: _____

Cell Phone #1/ Name & Relation: _____ Cell Phone #2/ Name & Relation: _____

Parent/Guardian Email Address: _____

CHILD HEALTH INFORMATION:

Name of Child: _____ Date of Birth: _____/_____/_____

Age: _____ Male or Female: _____ Zoo Group: (Lambs/Hawks/Gators/JZK/Condors):_____

Is the above named child currently being treated or has ever been treated for any of the following?:

YES	NO	CONDITION	EXPLAIN
		Abdominal/Digestive Problems	
		ADD/ADHD	
		Asthma **Last Hospital Visit** (MM/YY) _____/_____	**Please complete and return enclosed Asthma Treatment Plan**
		Autism Spectrum Disorder	
		Behavioral/Conduct Concerns (anxiety, school phobia)	
		Bleeding disorders	
		Chest Pain with Exercise	
		Current Cancer Treatment	
		Diabetes (**If Yes, sugar is checked ___x/day**)	
		Difficulty with social interactions	
		Excessive Fatigue or shortness of breath with exercise	
		Excessive shyness	
		Fainting Spells	
		Heart Disease (Any Physical limitations?)	
		High Blood Pressure/Hypertension	
		Kidney Dialysis (**Dialysis Days**: **Mon Tue Wed Thur Fri**)	
		Learning Difficulties	
		Lung/Respiratory Disease	
		Psychiatric/psychological/emotional difficulties	
		Recent bone injury (MM/YY) _____/_____	
		Recent head injury/loss of consciousness	**(MM/YY _____/_____)**
		Required restricted physical activity	
		Seizures (**last seizure activity** MM/YY _____/_____	**Type**:
		Sickle Cell Disease	
		Speech/Language Delays	
		Other:	

CHILD'S NAME:_____ **CHILD'S DATE OF BIRTH:** _____

Is the above named child allergic to or have any adverse reaction to any of the following?:

YES	NO	ALLERGY OR REACTION TO:	PLEASE BRIEFLY EXPLAIN PREVIOUS REACTION(S) AND WHAT CAUSED REACTION :
		Medication	
		Food	
		Plants/Trees	
		Bees/Insects	
		Animals	

IF YOUR CHILD HAS A HISTORY OF ALLERGIC REACTION TO ANY OF THE ABOVE, PLEASE BE SURE TO COMPLETE AND RETURN THE ENCLOSED FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN. YOUR CHILD'S NON-EXPIRED ALLERGY MEDICINES MUST ACCOMPANY YOUR CHILD TO ZOO CAMP.

HEALTH NEEDS:

Please indicate if the above named child uses any of the following:

	Wears contact lenses/corrective glasses
	Wears orthodontic appliance and/or braces
	Wears hearing aid(s)
	Wears an insulin pump
	Wears medical ID for _____
	Wears orthopedic device
	Other:

IMMUNIZATIONS: All campers shall be immunized with the vaccinations required for school attendance, as appropriate for the camper's age, according to the immunization schedule set forth at Immunization of Pupils in School, N.J.A.C. 8:57-4.1.

**************IMMUNIZATION DATES ARE REQUIRED (MM/DD/YY). "Up to date" is NOT ACCEPTABLE!*************************

Please obtain and attach an up to date copy of immunizations from school nurse or doctor's office.

PARTICIPATION RECOMMENDATIONS:

Please indicate the above named child's physical activity abilities:

	Normal physical Activity
	Restrictions (please explain)
	Additional comments:

SPECIAL MEDICAL CONSIDERATIONS:

Please describe any special program needs, considerations or restrictions which the above named child requires in order to participate in the Bergen County Zoo Camp:

_____

_____

Is above named child able to fully participate? Yes_____ No_____

Date_____

Print Parent/Guardian Name_____

Signature of Parent/Guardian_____

Please feel free to attach additional significant information that will assist us in providing an enriching day camp experience for your camper.

Thank you! ☺