



January 2015

Dear Parents:

Per New York State Department Regulations section 7 – 2.8(c) we must request updated immunization records annually. An immunization record must include the immunization dates against diphtheria, measles, mumps, poliomyelitis, rubella and tetanus. A notation that immunizations are “up to date”, or other similar language is not acceptable. This immunization record is necessary for all children attending any camp at Soyuzivka (includes, but is not limited to, Ptashata, Heritage, Tennis, Discover or Dance). If for some reason your child is not immunized, a written and signed statement from the parent or guardian must be included with the child’s health history. If the child is not immunized due to a medical exemption or because there is a documented history of the disease or serologic immunity, a written and signed statement from the physician must be included with the child’s health history.

**All medications for your child must be in their original containers, and properly labeled.** Prescription medications must have complete name of patient, date filled, expiration date, directions for use, name and address of dispensing pharmacy, and name of physician prescribing medication. **When non-prescribed medications (over-the-counter items) are provided for the child, then instructions for use (i.e., from parent/guardian or individual’s physician must accompany said medication.**

The health department will not permit us to let a child attend camp that has not met the above requirements. Please have all paperwork mailed to us three weeks prior to arrival for camp. This is for your child’s safety and well-being. Thank you for your time, patience and understanding.

Soyuzivka Management and Camp Staff



## Medical Care Coverage

In case of illness or accident, my son/daughter shall receive immediate and competent medical care. I acknowledge that while attending the various Soyuzivka camps my son/daughter will participate in activities that may involve, among other things, physical contact with other persons or objects, including the ground, which may incur a risk of injury. I specifically waive, give up and release Soyuzivka and its staff from liability for any claim for damages, which I, or my son/daughter may have relating to injuries, or illnesses that he or she may sustain at the camp.

In signing this Medical Care Coverage, I certify that my child is in good health, with no chronic illnesses or abnormal tendencies. In the event of any emergency in which my son/daughter requires medical care, I authorize Soyuzivka and its camp staff to act for me, and to obtain for him/her whatever medical treatment the staff in its best judgment deems necessary and appropriate for the care and treatment of him/her, including but not limited to whatever medical, surgical, or dental examination, diagnosis and/or treatment is deemed necessary.

---

Signature of Parent or Legal Guardian

Date

**\*Please include a copy of Medical Insurance information for your child (i.e., a copy of a health insurance card showing coverage and policy number. Both front and back of card must be copied.**



## Family Physician's Physical Examination Report

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Exam \_\_\_\_\_

**Note:** *If normal, mark "N" – If any abnormalities, please state nature of such.*

Eyes \_\_\_\_\_ Genito Urinary \_\_\_\_\_

Ears \_\_\_\_\_ Orthopedic: \_\_\_\_\_

Lymph Nodes \_\_\_\_\_ Structural \_\_\_\_\_

Thyroid \_\_\_\_\_ Posture \_\_\_\_\_

Nose \_\_\_\_\_ Feet \_\_\_\_\_

Tonsils \_\_\_\_\_ Skin \_\_\_\_\_

Teeth \_\_\_\_\_ Epilepsy \_\_\_\_\_

Heart \_\_\_\_\_ Speech \_\_\_\_\_

Lungs \_\_\_\_\_ Nutrition \_\_\_\_\_

Hernia \_\_\_\_\_ Other \_\_\_\_\_

### Immunizations

Mumps \_\_\_\_\_ Cold & Flu Shots \_\_\_\_\_

Diphtheria \_\_\_\_\_ Measles Vaccine \_\_\_\_\_

Poliomyelitis \_\_\_\_\_ Rubella Vaccine \_\_\_\_\_

Tetanus \_\_\_\_\_ Others \_\_\_\_\_

Booster \_\_\_\_\_

Allergies to Medicines: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Existing Medical Condition(s): \_\_\_\_\_

Restrictions/Limitations: \_\_\_\_\_

Special Needs/Diets: \_\_\_\_\_

Medication/Treatment: \_\_\_\_\_

Other Concerns (i.e., bed wetting, sleep walking, etc.): \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_



Date \_\_\_\_\_

### **Permission Slip**

I \_\_\_\_\_, hereby give permission for my  
Son/Daughter, \_\_\_\_\_, to be treated by a doctor in case  
of emergency.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

Child's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent's Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Both Parents Telephone Numbers**

Name \_\_\_\_\_ Name \_\_\_\_\_

Home \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

*In Case of Emergency, please list TWO persons who could be notified if both  
parents could not be reached.*

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please check one:** Swimmer \_\_\_\_\_ Non-Swimmer \_\_\_\_\_

Beginner \_\_\_\_\_ Advanced \_\_\_\_\_

**Additional Comments:** (i.e. allergies, medicines, etc.)  
\_\_\_\_\_



Dear Parent:

Meningococcal Meningitis Vaccination Response Form

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends a camp for 7 or more nights.

Please check ex (X) one line and sign below –

My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years. DATE RECEIVED \_\_\_\_\_

[note: the vaccine's protection lasts for approximately 3-5 years. Revaccination may be considered within 3-5 years.]

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian)

Parent or Guardians email address: \_\_\_\_\_

Campers Name \_\_\_\_\_

Date of Birth \_\_\_\_\_



I hereby request exemption for my child, or the child for whom I am the legally assigned guardian \_\_\_\_\_ (Child's Full Name), from the **Medical Insurance Requirement** for the Soyuzivka \_\_\_\_\_ Camp.

I understand that as the parent or legally assigned guardian of the child named above, it is my responsibility to provide medical care for said child at my expense. I hereby waive and release Soyuzivka \_\_\_\_\_ Camp, its respective administrators, directors, officers, agents, volunteers, employees and independent contractors from any and all responsibility or liability for medical compensation in the event the above named child is injured or becomes sick at the Soyuzivka \_\_\_\_\_ Camp. Also, I understand that the Soyuzivka \_\_\_\_\_ Camp will not be responsible for compensating the parent or guardian for tuition fees lost due to any injury, medical issues, illness or damage sustained to my child from any cause whatsoever, including negligence or carelessness resulting directly or indirectly that the above named child may experience while participating in the Soyuzivka \_\_\_\_\_ Camp.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

**IF YOUR CHILD HAS NO MEDICAL INSURANCE HE/SHE CANNOT PARTICIPATE IN CAMP WITHOUT THIS COMPLETED FORM**