

Please complete all pages of this form for each child attending.

*Be sure to write your child's name at the top of each page.*

Child's Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade Entering Next September (2018): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Sibling(s) currently attending Malibu Beach Camp \_\_\_\_\_

I would like to request my child to be in the same group as: \_\_\_\_\_

Requests cannot be guaranteed if form is received after May 1<sup>st</sup>

Hobbies and Interests \_\_\_\_\_

\_\_\_\_\_

Do you or your child have any expectations and/or concerns about the camp? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Please provide us with any additional information that can assist us in ensuring your child an enjoyable camp experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Restrictions**

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE FILL OUT EVERY PAGE OF THIS PACKET AND RETURN ASAP.**

**THANK YOU!**

# Malibu Beach Camp

# Health Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Allergies / Diet

Food  Medicine  Environment (bee stings, hay fever, etc.)  Other  None known

Please explain: \_\_\_\_\_

This camper eats a regular diet  This camper eats a regular vegetarian diet

This camper has special food needs. (Please explain): \_\_\_\_\_

## Other

Chronic or recurring injuries or illnesses: \_\_\_\_\_

Special developmental needs or learning disabilities: \_\_\_\_\_

Daily Medication(s): \_\_\_\_\_

## Chronic Concerns

Camper has the following chronic health concerns:

Asthma  Headaches  Diabetes  Skin Conditions (explain)

Menstrual cramps  Frequent ear infections  Frequent colds

Other (please be specific): \_\_\_\_\_

Please provide information about supportive health care needed for each checked item: \_\_\_\_\_

## General History

Has the camper had chicken pox or been immunized for chicken pox?  Yes  No

Has the camper had mononucleosis in the past 12 months?  Yes  No

Is the camper's hearing within normal ranges?  Yes  No

Please explain: \_\_\_\_\_

Does the camper use glasses or contact lenses to correct vision?  Yes  No

Is the camper free of illness, injury, or other condition which would affect program participation?

Please explain: \_\_\_\_\_  Yes  No

**Mental and Emotional History**

Child's Name: \_\_\_\_\_

Has the camper been diagnosed with Attention Deficit Disorder (ADD or ADHD) or other behavioral issue?  Yes  No

Has the camper received a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder?  Yes  No

Does the camper have a SEIT?  Yes  No

Does the camper receive any services within their school environment?  Yes  No

Does the camper have an emotional health concern?  Yes  No

Please explain: \_\_\_\_\_

Does the camper have a learning disability?  Yes  No

Please explain: \_\_\_\_\_

Has the camper seen or is the camper currently seeing a professional to address mental and/or emotional health concerns?  Yes  No

Please explain: \_\_\_\_\_

If "Yes" was answered to any of the five questions above, please attach a statement from your physician, therapist or psychiatrist which describes the concern and the camper's management plan, describes the behaviors which would indicate to our staff that your camper may need a professional referral, and provides a recommendation for optimal participation in the camp program.

**Additional Information**

What have we forgotten to ask? Please provide any other information that would be useful to us in caring for your child. \_\_\_\_\_

**Insurance**

This camper is covered by family medical/hospital insurance.  Yes  No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Please include a copy of your insurance card; copy both sides of the card so information is readable

*Parent/Guardian Authorization for Health Care:*

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. If I cannot be reached in an emergency, I give my permission to Camp Malibu to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the programs staff about my child's health status.

Signature of Custodial Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

# Malibu Beach Camp

# Aquatic Profile

This form will be given to our swim staff in order to design the appropriate aquatic program for your child. Please complete all sections of this form even if information is repeated.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School grade entering in September \_\_\_\_\_ Camp(s) attended last summer \_\_\_\_\_

Our swim instructors are professionals who are certified and trained to teach swimming. While they will never force a camper, there is a range of encouragement that an instructor can provide. Please check the statement below that most closely represents your feelings:

My child truly enjoys swimming and water sports. I support full participation and anticipate no need for special consideration.

My child usually needs extra encouragement to get over a hurdle, especially if he or she perceives there is a risk involved. Please be gentle but firm. I expect to see some real progress in my child's swimming skills this summer.

Skill acquisition is not one of my highest priorities in my child's camp experience. Although he or she is always required to go to the pool, please do not use a lot of pressure during swim instruction, even if it means that progress will be slow.

Additional comments regarding swim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For staff use only: Please do not place any marks inside this box.

Swim Director has reviewed this profile

Counselor has reviewed this profile

Camper's swim level:  Non-swimmer  Intermediate  Swimmer

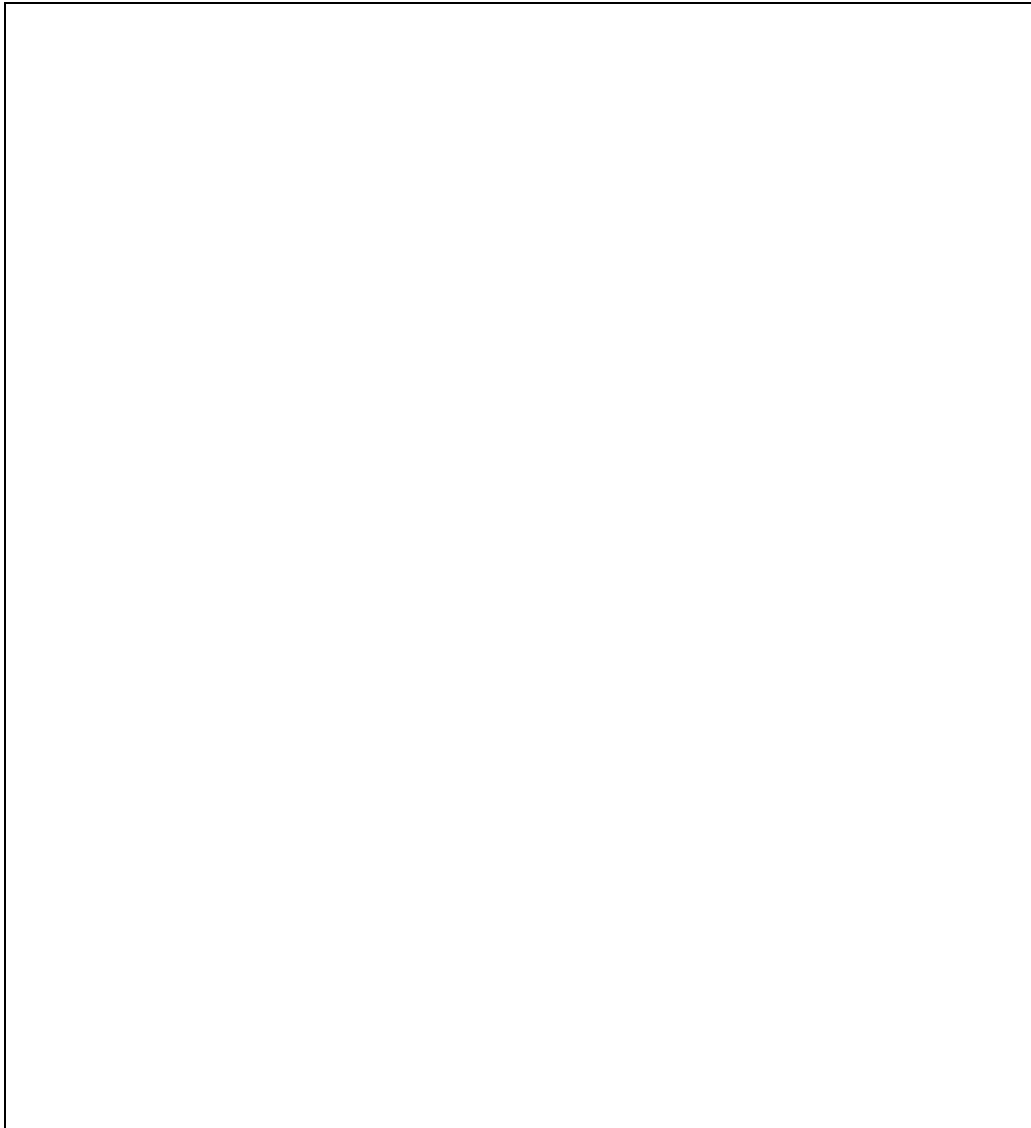
Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Swim Director's Signature \_\_\_\_\_ Group \_\_\_\_\_

Notes:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**For security purposes, Malibu Beach Camp requires a current photograph of all campers. Please affix a clearly identifiable photo of your child below.**



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_



**1500 Lido Blvd ♦ Lido Beach NY 11561 ♦ 516-670-1055 ♦ Fax 516-431-7936**  
**www.malibubeachcamp.com**

**Dismissal Procedures**

On the first day of camp, you will receive 2 pickup passes per child. You will need these passes in order to get into the parking lot as well as to pick up your child. Please understand that this is not a free parking pass. It allows you to park your car for a few minutes while you are picking up or dropping off your child. If you would like to enjoy the day on the beach while your child is in camp, you must pay the daily parking fee.

Since safety is our number one concern it is very important that dismissal runs smoothly. We will only dismiss your child to a parent/guardian or caretaker who has the pickup pass. Please give the 2 pickup passes to whomever will be picking up your child each day. If there is a change in dismissal and you need someone else to pick up your child you must notify us by email ([malibubeachcamp@gmail.com](mailto:malibubeachcamp@gmail.com)). Please include the first and last name of the person who will be picking up your child. They must show a government ID that matches the name in the email in order to pick up your child. Your signature below indicates that you understand and agree to our dismissal policy. This will greatly help us in ensuring your child's safety. Thank you!

Parent Signature \_\_\_\_\_

**\* In the event of any changes regarding dismissal  
please call us at 516-670-1055 \***

**PLEASE RETURN ASAP**