



Hyde Park Recreation  
Camper Information Packet

**Medical History Information**

Please fill out one medical history form for **EACH** child.  
Additional sheets are on our website or in our office.

**Camper Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender: M / F Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

**Emergency Contact Information**

1. Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Physician Information**

Physician: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Medical/Hospital Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

**Camper Health History**

Do you have or are you subject to any of the following:

___ Allergies	___ Dietary Restrictions	___ Mental Condition
___ Allergy or Drug Reaction	___ Ear Infections	___ Poison Ivy Sensitive
___ Asthma	___ Fainting Spell	___ Seizures
___ Bee Sting Reaction	___ Hay Fever	___ Sports Restriction
___ Bleeding Disorder	___ Heart Disease/Defect	___ Swimming Restrictions
___ Diabetes		___ Other

Please explain any of the above: \_\_\_\_\_

★ If female: Started Menstruation? \_\_\_\_\_ If no, has been told about it? \_\_\_\_\_

If you have had any of the following illnesses, please give the approximate dates of infection:

_____ Measles	_____ Mumps	_____ Chicken Pox
_____ German Measles	_____ Mononucleosis	_____ Diphtheria



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**Medical History Information (Cont)**

Any operations or serious injuries: (Include Dates) \_\_\_\_\_

Any disability or chronic illness: \_\_\_\_\_

Any restrictions for medical reasons: \_\_\_\_\_

Please list all medication your camper takes, including over the counter medications, with specific dose:

\_\_\_\_\_

***\*\*For any medication that needs to be dispensed during camp hours,\*\****

***\*\*please attach a doctor's note authorizing administration by camp personnel.\*\****

**Please attach the most recent immunization record for this individual to this form.**

**This health history and information is correct as far as I know. The person herein described has permission to engage in all camp activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel selected by the Camp Director to order x-rays, routine tests, to hospitalize, secure proper treatment for and to order injections or anesthesia and/or surgery for my child as named above.**

**I, (Parent/Guardian) \_\_\_\_\_, do hereby recognize the risks of illness and injury inherent during the time of the use of The Town of Hyde Park recreational facilities. Therefore, I do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I and/or my guests and participants may have against the Hyde Park Recreation Department, their agents, representatives, successors and assigns for any/all injuries suffered by the undersigned and his/her guests and participants during this event.**

Parent/Guardian Name (Printed)

Parent/Guardian Signature

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**\*\*Please return this packet with the most recent immunization record for each camper.\*\***

**Contact and Pick up Form**

Camper's Name(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

**Please check the best number to reach you (provide all possible numbers)**

\_\_\_ Home: \_\_\_\_\_ \_\_\_ Work: \_\_\_\_\_ \_\_\_ Cell: \_\_\_\_\_

**Emergency Contacts**

Name/Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pick Up Information**

Please fill out the name, relationship to camper, and phone number for all individuals other than those listed above who are allowed to pick up your child(ren) at Hackett Hill Day Camp. We will check photo identification at sign-out, so please make sure ALL individuals that may pick your child(ren) up are listed and remind these individuals to have their photo ID's ready.

1. Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

If you have more than four people that will be allowed to pick up your child, please list name, daytime phone numbers, and relationships to the child on a separate piece of paper.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**Campers Name:** \_\_\_\_\_

**Photo/Video Release**

At Hackett Hill we will be taking photos and videos to document our fun weekly activities! At times, these may be used to create projects, which may be displayed at camp. Photos and videos may also be posted to our Facebook page. Any posts of campers will be anonymous, no names will be included.

Please check the box you are most comfortable with, sign the bottom of the form, and return it to Hackett Hill Day Camp by Tuesday morning. Please fill out one form for all children attending.

☐

I give my permission for Hackett Hill to take photos/videos of my child(ren) and for those images to be used in camp projects and may be posted on Town of Hyde Park's social media pages.

☐

I DO NOT give my permission for Hackett Hill to take photos or videos of my child(ren)

**Camp Requests**

Have a friend in camp? Love a certain counselor? Anything else you want us to know? Please write that below and we will do our best to accomodate you and take your feedback!

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Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## **Code of Conduct**

Youth participating in or attending any of the Hyde Park Recreation Department's Summer Day Camps, Specialty Camps, or Swimming Programs are required to conduct themselves according to the following Code of Conduct:

**All Campers MUST adhere to the following:**

- Campers MUST stay with their Groups and Counselors AT ALL TIMES
- Campers must wear appropriate clothing, like socks, sneakers, etc.

**The following are NOT permitted during Day Camp Hours of Operation:**

- Physical, verbal, mental or emotional abuse of another person
- Possession, consumption or distribution of alcohol, drugs or tobacco
- Theft, destruction or abuse of property
- Possession or use of a weapon or any other harmful object with the intent to hurt or humiliate another person
- Other conduct deemed inappropriate by the Camp Director

**If this code is violated, the following steps may be taken:**

- The adult chaperone for the youth involved in the violation will be made aware of the situation
- The parent/guardian will be notified of the incident
- The parent/guardian may be called and asked to arrange for transportation home
- The camper may be barred from participating in Town Day Camps
- If any laws are violated, the case will be referred to the police

**I, the Camper, have gone through these rules with an adult and understand that I must behave by these rules to keep my Summer Camp privileges.**

Child(ren)s Name (Printed)

Child(ren)s Signature

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical History Information**

4383 Albany Post Road  
Hyde Park, NY 12538  
P: (845) 229 8086 | F: (845) 229-6851



# Hackett Hill Day Camp

## Camp Rules and Agreement

### HACKETT HILL CAMP BEHAVIOR POLICIES

- If you engage in any behavior deemed inappropriate by the Camp or Assistant Camp Director (not keeping your hands to yourself or other safety concerns), you will receive a verbal warning the first time. Refer to the Code of Conduct.
- If this behavior continues, your parent or caregiver will be notified the second time.
- If this behavior persists, your parent or caregiver will be called and will have to pick you up for camp. You will be allowed to come back the next day.
- Any instances after this may be grounds for dismissal from camp for the remainder of the season with no refund.
- The Recreation Director and Camp Director reserves the right to ban any child from attending Camp programs based on repeated offenses and/or severity of any one incident.

Notification acknowledgment:

Verbal Warning \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

Notified the second Incident \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

Notified the third Incident \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

Acknowledgment of HACKETT HILL CAMP BEHAVIOR POLICIES

Parent/Guardian Printed \_\_\_\_\_ Date: \_\_\_\_\_