



Growing Minds of New York Inc.
300 Sanford Boulevard, Mount Vernon NY. 10550
Growingmindsofnewyork.com

MEDICAL

I _____, hereby warrant that to the best of my knowledge, my child _____, is in good health, and I assume all responsibility for the health of my child.

Family doctor: _____ Phone: _____

Health Plan Carrier: _____ Policy #: _____

Emergency Medical Treatment:

In the event of an emergency, I _____, hereby give Growing Minds of New York Inc., its directors or any employee permission to transport my child to a hospital for emergency medical treatment. However, I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Treatment:

In the event it comes to the attention of Growing Minds of New York Inc., its officers, directors and agents, associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I understand that I may be called to immediately pick up my child at the location of the activity.

Medications:

My child _____, is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Please provide additional important information pertaining to the campers health:

Signature: _____

Date: _____