



Ocean Beach Youth Group
 P.O. Box 631
 Ocean Beach, New York 11770
 Phone: (631) 583-5300 Fax: (631) 583-9174

OBYG – CAMP MEDICAL FORM

To be completed by your child’s Physician

Immunizations

	Date	Date	Date	Date	Date
Polio					
DPT					
MMR					
Hib					
Hepatitis B					
Tine					
Varicella or History of disease					

Relevant Medical History:

Allergies:

Child’s Name (please print) _____ Physician’s Name: _____

Physician’s Address: _____ Physician’s Phone: _____

Physician’s Signature: _____ Date: _____

Please return completed medical form to above address and please read below!

No camper will be allowed to participate in camp unless the above Camp Medical/Immunization Form is properly filled out, signed by the child's medical provider and on file with the camp. Please submit this form along with the application. The form requires you detail any information regarding your child's health or medical history that you feel is appropriate for our camp staff to be aware of in advance of the start of camp. In addition, we are required by the New York State Health Department to maintain copies of current immunization records for each camper that participates in the Ocean Beach Youth Group Day Camp. Therefore, we must have a copy of that immunization record on file before your child can participate in camp. If your child is not immunized for religious or medical reasons, a written statement to that effect signed by either a parent or a physician must be submitted in lieu of the immunization record. **IT IS IMPORTANT THAT YOU SUBMIT THE MEDICAL/IMMUNIZATION FORM SIGNED BY YOUR CHILD'S DOCTOR, ALONG WITH THE IMMUNIZATION RECORD, TO ASSURE THAT YOUR CHILD CAN PARTICIPATE IN THE OCEAN BEACH YOUTH GROUP DAY CAMP.**