

NNJCA CHINESE SCHOOLS SUMMER CAMP 2016

Medical History / Immunization Records (疫苗注射記錄)

The upper part to be filled in by parent/guardian or adult campers/staff members themselves

Name: _____ Date of Birth: ____/____/____ Sex: _____

First Initial Last Month Day Year

Father/Guardian: _____ Mother: _____

Address: _____

Phone: (Home) _____ (Work) _____

Father/Guardian Mother

Emergency Contact (Please give name, address and daytime phone of two persons other than parent/guardian)

Name: _____ Name: _____

Daytime/Cell Phone: _____ Daytime/Cell Phone: _____

Medical History (check and give dates)

Asthma _____ Diabetes _____ Mononucleosis _____

Bleeding disorder _____ Heart disease _____ Psychiatric treatment _____

Chicken pox _____ Hypertension _____ Recurrent ear infection _____

Convulsions _____ Kidney disease _____ Others _____

Past surgical history: _____ Family medical history: _____ Allergies: _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

The lower part is to be filled by Physician or attach a copy of immunization record.

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Immunization Records

DPT _____

HIB _____

OPV _____

Hepatitis B _____

Physical Examination

Ht. _____ Wt. _____ B.P. _____ P _____ T _____

HEENT _____ Lungs _____ Heart _____ Abd _____ Back _____ Ext _____ Neuro _____

I have examined the person described and have reviewed his/her medical history.

He/She is ___ is not ___ with restrictions _____ to participate in camp activities.

Medication or special diet while in the camp _____

Licensed Physician's Signature _____ Date _____

Address _____

Phone _____

2016年新澤西北新中文學校夏令營

NNJCA CHINESE SCHOOLS SUMMER CAMP 8/15-19, 2016

APPLICATION FORM (報名表)

學生中文姓名：	Student Name：
生日 (Date of Birth)：	<input type="checkbox"/> Male (男) <input type="checkbox"/> Female (女)
就讀中文學校名稱 (Name of Chinese School)：	
Home Address：	
Home Phone：	
父親姓名 (Father's Name)：	
Work Phone：	Mobile Phone：
母親姓名 (Mother's Name)：	
Work Phone：	Mobile Phone：
E-Mail：	
緊急情況聯絡人 (Emergency Contact)：	
T 恤尺寸 (T-shirt size)： <input type="checkbox"/> 小(S) <input type="checkbox"/> 中(M) <input type="checkbox"/> 大(L) <input type="checkbox"/> 特大(XL)	
報名費用每人 Summer Camp Fee：\$250.00 per person 支票抬頭(CHECK PAYABLE TO)： NNJCA Chinese School and MAIL TO: NNJCA Chinese School P.O. Box 721, Pine Brook, NJ 07058	
課後看顧費用 After-Camp Care Fee：\$30.00 (Monday – Thursday 4:00 PM ~ 6:00 PM)	
每人應付費用總計 Total Amount Paid：\$_____ per person	

Medical Information：The attached form must be filled out by you (1st part) and your physician (2nd part), or a copy of your children's immunization record, please also list all known allergies and medical conditions here：

Medical Insurance Carrier：_____

Policy No./ Group ID: _____

Release of Liability Statement:

In consideration of the activities at Christian Church, 232 South Beverwyck Road, Parsippany, sponsored by the NNJCA Chinese School and CCCNJ, it is hereby understood and agreed that the said NNJCA Chinese School and CCCNJ, will not be held responsible for any injury or accident sustained by a member of our party or anyone else.

Emergency Medical Release: I give my son/daughter to participate in all activities except as I may have excluded in writing. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my full permission to the teacher or members in charge to secure medical treatment for my son/daughter should the need arise.

Signature of Parent/Guardian: _____ Date: _____

Name of Signing Parent/Guardian (Please Print) _____