

Big Chief School and Camp
2427 North Jerusalem Road
East Meadow, NY 11554

SUMMARY OF PHYSICAL EXAM

Include special recommendations to Day Care Providers

Is Child Free of Head Lice _____ Yes _____ No

On the basis of my findings as indicated above and on my knowledge of the named child, I find that:
he/she is free from contagious and communicable disease and is able to participate in day care

_____ Yes _____ No

Signature of Examiner

Address

Please print name

City State, Zip

Title

Phone

Date

RELIGIOUS EXEMPTIONS

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object to the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

PERMISSION FOR CAMP AND SCHOOL TRIPS

I hereby give permission for _____ to take school and or camp trips during his/her stay at Big Chief

Signed X _____

EMERGENCY TREATMENT

I, the undersigned parent or guardian of _____ presently attending Big Chief School and Camp, hereby authorize the owners, agents, and/or employees of said school and day camp to secure medical treatment in an emergency for and on behalf of my child. Said medical treatment shall include but not be limited to the securing of an ambulance, admission to the hospital, treatment by a doctor, nurse or other qualified medical person.

The undersigned further agrees to indemnify and hold harmless the said owners, agents and/or employees against any and all claims arising from emergency treatment of said child.

Signed X _____

Parent or Natural Guardian of above child

Home Telephone # _____

Mother's work # _____

Father's Telephone # _____

Emergency Name and # _____

I give Big Chief permission to apply **sunscreen lotion/diaper cream/Vaseline** as necessary to my child.

Parents signature X _____

Do you give permission for your child to have Children's Tylenol or Motrin if deemed necessary?

If yes, Parents signature X _____

NOTE: This form must be signed by you in three places. Your doctor must sign. Be sure includes the date of examination. You must sign driving permission for the class or camp trips and emergency treatments if necessary.. **We will not accept any child if we do not have this form on file!!**