SUNY ORANGE SUMMER CAMP HEALTH FORM
(You must complete both sides of this form)

Are there any medical conditions requiring special attention?  □ Yes  □ No
If so, please list: ____________________________________________
                                                                 ____________________________________________
                                                                 ____________________________________________

Allergies?  □ Yes  □ No
If so, please detail specific allergy and type of reaction: ____________________________________________
                                                                 ____________________________________________

Does child carry an Epi-pen?  □ Yes  □ No

Does Child have Asthma?  □ Yes  □ No
If so, explain triggers, frequency of attack and treatment: ____________________________________________
                                                                 ____________________________________________
                                                                 ____________________________________________

Does child carry an inhaler?  □ Yes  □ No

Is prescription medication taken regularly?  □ Yes  □ No
If so, specify drug, dosage and frequency: ____________________________________________
                                                                 ____________________________________________
                                                                 ____________________________________________

Please note: If any medication is to be given at camp, a doctor’s order must accompany this form or be faxed to Health Services at 845-341-4872. This medication is to be brought to Health Services in the original prescription container on the first day of camp. Please address any medical questions/needs to Health Services at 845-341-4870.

(You must complete both sides of this form)
2012 SUMMER CAMPS SCHEDULE

Girls Basketball Camp
Ages 8-14
Tues., July 2 thru Fri., July 6 9 a.m. to 1 p.m.
Camp Director: J. Lauro
cost: $80
* no camp on July 4th

Boys Basketball Camp
Ages 8-14
Mon., July 9 thru Fri., July 13 9 a.m. to 1 p.m.
Camp Director: T. Rickard
cost: $100

Boys Basketball Camp
Ages 10-17
Mon., July 23 thru Fri., July 27 9 a.m. to 1 p.m.
Camp Director: T. Rickard
cost: $100

Boys Baseball Camp
Ages 8-14
Mon., July 16 thru Fri., July 20 9 a.m. to 1 p.m.
Camp Director: W. Smith
cost: $100

SUNY Orange Sports Camps offer:

- College Coaches
- Outstanding Facilities
- Snack Bar/Lunch Available
- Skill Instruction and Game Play

Our goal is to provide the opportunity for boys and girls in the local community to receive fundamental sports skill instruction and team play at a reasonable price.

NAME ___________________________________________
AGE _________ SCHOOL ___________________________
GRADE _______ PHONE ___________________________
HOME ADDRESS _________________________________
CITY _________________ STATE _____  ZIP ___________
T-SHIRT SIZE:  ☐ Small  ☐ Med  ☐ Large  ☐ X-large
(Agent sizes)

_____ Girls Basketball Camp (Ages 8-14)
_____ Boys Basketball Camp (Ages 8-14)
_____ Boys Basketball Camp (Ages 10-17)
_____ Boys Baseball Camp (Ages 8-14)

Please make checks payable to:
ORANGE COUNTY COMMUNITY COLLEGE
(Returned checks will be charged a $15.00 fee)

And return to:
ATHLETIC DEPT.,
Attn: Stacey Morris
Orange County Community College
15 South Street, Middletown, NY 10940

Office telephone: (845) 341-4215  (845) 341-4242
(Please call between the hours of 9:30 a.m. and 3 p.m.)

*Health Forms must accompany application form.

SUNY ORANGE SUMMER CAMP HEALTH FORM
(You must complete both sides of this form)

Camper’s Name: ___________________________
Attending what camp(s): ___________________
________________________________________
________________________________________
Please complete the health history and emergency contact information and return this form to the Athletic Department along with your application form. This information is strictly for the use of the Health Center and the Athletic Department and will not be released to anyone without your knowledge and consent.

Last name of Camper: ___________________________
First name: ___________________________
Age: _____________  Sex: M  F
Name/relationship of person to be notified in case of emergency: ___________________________
________________________________________
Emergency Telephone Numbers:
Home Phone: ___________________________
Work Phone: ___________________________
Cell Phone: ___________________________

Personal Physician: ___________________________
Physician’s Address: ___________________________
Physician’s Phone: ___________________________

Authorization for First Aid or Emergency Treatment
I do hereby authorize Orange County Community College to provide first aid treatment and in case of emergency, I authorize the transportation and treatment necessary by a physician and/or at a hospital. I shall assume any expenses which arise as the result of such treatment.

SIGNED  _________________________________
(Please call between the hours of 9:30 a.m. and 3 p.m.)

This form not valid without signature