



**Finland Center Foundation**

47 Fifth Avenue  
New York, NY 10003  
USA  
phone: 1-646-704-8000  
email: [info@finlandcenter.org](mailto:info@finlandcenter.org)

## Summer Camp Health Form

**Every camper needs a completed health form to participate in the summer camp program. Please fill out this form as completely as possible.**

### CONTACT INFORMATION

Camper Name \_\_\_\_\_

Birth date \_\_\_ / \_\_\_ / \_\_\_

Home Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Gender  Male  Female

Camper Lives With:  Mother & Father  Mother  Father  Grandparent

Other: \_\_\_\_\_

Mother/ Guardian #1 Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Day Phone is  Home  Work  Cell  Pager

Night Phone \_\_\_\_\_ Night Phone is  Home  Work  Cell  Pager

Father/ Guardian #2 Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Day Phone is  Home  Work  Cell  Pager

Night Phone \_\_\_\_\_ Night Phone is  Home  Work  Cell  Pager

Additional Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Day Phone is  Home  Work  Cell  Pager

Night Phone \_\_\_\_\_ Night Phone is  Home  Work  Cell  Pager

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

Who has permission to pick up the child \_\_\_\_\_

### **ALLERGIES**

Camper has no allergies

Please list allergies \_\_\_\_\_

\_\_\_\_\_

### **HEALTH INFORMATION**

Please know that we value your privacy. Health history information is available only to the camp personnel and the more information you provide, the better we can do our job.

Thanks!

**PHYSICIAN ATTESTATION:** Please have the child's physician attest that the child is in good health and there is no objection to your child attending an indoor arts camp:

\_\_\_\_\_

Signature of physician

Stamp or:

Name

address

Telephone number

Optional additional health information

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**AUTHORIZATION**

My child \_\_\_\_\_ has permission to engage in all prescribed camp activities except as noted below. The FCF summer camp activities include music, arts and crafts. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions on this form. In the event I cannot be reached in an emergency, I hereby give permission to the camp director to administer CPR and order necessary transportation for my child to a medical facility, and to medical personnel to secure and administer emergency medical treatment, including hospitalization for my child.

Notes: \_\_\_\_\_

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Signature of Parent Guardian X \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN FORM BEFORE YOU COME TO THE CAMP**

Mail completed form to

Finland Center Foundation  
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10003 New York  
USA