

# LuHi Summer Programs 2011

131 Brookville Road  
Brookville, NY 11545-3399

## Certificate of Health

### TO BE COMPLETED BY PARENT:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

### Program(s) and Session(s) Attending:

- |                                       |              |   |              |                                      |              |
|---------------------------------------|--------------|---|--------------|--------------------------------------|--------------|
| <input type="checkbox"/> Adventures   | Session ____ | <input type="checkbox"/> Forensics      | Session ____ | <input type="checkbox"/> Soccer      | Session ____ |
| <input type="checkbox"/> Adv. Rookie  | Session ____ | <input type="checkbox"/> Funtastics     | Session ____ | <input type="checkbox"/> Softball    | Session ____ |
| <input type="checkbox"/> Baseball     | Session ____ | <input type="checkbox"/> GIFT           | Session ____ | <input type="checkbox"/> Swimming    | Session ____ |
| <input type="checkbox"/> Basketball   | Session ____ | <input type="checkbox"/> Golf           | Session ____ | <input type="checkbox"/> Tennis      | Session ____ |
| <input type="checkbox"/> Cheerleading | Session ____ | <input type="checkbox"/> Gymnastics     | Session ____ | <input type="checkbox"/> Tikes&Tots  | Session ____ |
| <input type="checkbox"/> CIT          | Session ____ | <input type="checkbox"/> Here's To Me   | Session ____ | <input type="checkbox"/> Theatre     | Session ____ |
| <input type="checkbox"/> Computers    | Session ____ | <input type="checkbox"/> Kickline/Dance | Session ____ | <input type="checkbox"/> Visual Arts | Session ____ |
| <input type="checkbox"/> Dance        | Session ____ | <input type="checkbox"/> Lacrosse       | Session ____ | <input type="checkbox"/> Volleyball  | Session ____ |
| <input type="checkbox"/> Equestrian   | Session ____ | <input type="checkbox"/> Lady Rookie    | Session ____ |                                      |              |
| <input type="checkbox"/> Fencing      | Session ____ | <input type="checkbox"/> Roller Hockey  | Session ____ |                                      |              |
| <input type="checkbox"/> Field Hockey | Session ____ | <input type="checkbox"/> Rookie School  | Session ____ |                                      |              |
| <input type="checkbox"/> Fishing      | Session ____ | <input type="checkbox"/> Sailing        | Session ____ |                                      |              |
| <input type="checkbox"/> Football     | Session ____ |   |              |                                      |              |

Session 1 - June 27 thru July 8  
Session 2 - July 11 thru July 22  
Session 3 - July 25 thru August 5  
Session 4 - August 8 thru August 19

### EMERGENCY CONTACT:

If Parent or Guardian is not available in the case of an emergency, please notify:

1. \_\_\_\_\_  
(Name) (Address) (Phone)

2. \_\_\_\_\_  
(Name) (Address) (Phone)

### HEALTH HISTORY:

Please list any pertinent information regarding child's health history: (i.e., surgery, allergies, chronic illness, etc.)

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\*PLEASE NOTE: If your child requires medication, please call for our **ADMINISTRATION OF MEDICATION** form at 516-626-1100 or print one from our webpage [www.LuHi.com](http://www.LuHi.com).

**BE SURE TO COMPLETE OTHER SIDE!**

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

**TO BE FILLED OUT BY A LICENSED PHYSICIAN:**

**MEDICAL EXAMINATION:**

This examination should be performed WITHIN 12 MONTHS of arrival at LuHi. An examination for some other purpose within this period is acceptable so long as it can determine fitness to engage in strenuous activities.

\_\_\_\_\_ was examined by me on \_\_\_\_\_  
(Child's Name)

and was found to be in good general health and able to participate in all athletic programs.

Positive Physical Findings: \_\_\_\_\_

Recommendations and/or Exceptions: \_\_\_\_\_

**IMMUNIZATIONS:**

D.P.T. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DPT. BOOSTER \_\_\_\_\_

\_\_\_\_\_

D.P.T. BOOSTER \_\_\_\_\_

\_\_\_\_\_

SABIN ORAL VACCINE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEASLES VACCINE \_\_\_\_\_

\_\_\_\_\_

RUBELLA VACCINE \_\_\_\_\_

\_\_\_\_\_

MUMPS VACCINE \_\_\_\_\_

\_\_\_\_\_

HAEMOPHILUS INFLUENZA B \_\_\_\_\_

HEPATITIS B \_\_\_\_\_

VARICELLA \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_

SCOLIOSIS SCREEN: \_\_\_\_\_

VISION SCREEN: \_\_\_\_\_

URINE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **M.D.**

**DATE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_