

**ADVENTURES IN TIME SUMMER HISTORY CAMP**  
**Van Cortlandt House Museum**  
**Camper Profile**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip (+four): \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Birthday: \_\_\_\_\_

**Emergency Contact Information**

Primary Parent/Guardian: \_\_\_\_\_  
Phone: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name of child's physician: \_\_\_\_\_

Has your child been vaccinated for (or had) the measles? \_\_\_\_\_

Allergies, medical conditions, or behavioral issues which could impact your child's ability to participate in camp activities (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be sure to indicate any food allergies or special diet requirements.

**Statement**

I acknowledge that my child's experience in the summer camp program at Van Cortlandt House Museum will be outdoors, occasionally in direct sun, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including but not limited to: ticks, chiggers, poison ivy/oak and bees. I further acknowledge that the site and its staff are not responsible for any bug bites, sunburns, injuries, or possible illnesses that may result from my child participating in camp activities. My signature below authorizes the staff at Van Cortlandt House Museum to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date