



January 2005

Dear Parents:

Per New York State Department Regulations section 7 – 2.8(c) we must request updated immunization records annually. An immunization record must include the immunization dates against diphtheria, measles, mumps, poliomyelitis, rubella and tetanus. A notation that immunizations are “up to date”, or other similar language is not acceptable. This immunization record is necessary for all children attending any camp at Soyuzivka (includes, but is not limited to, Ptashata, Chemney, Tennis, Children’s or Dance). If for some reason your child is not immunized, a written and signed statement from the parent or guardian must be included with the child’s health history. If the child is not immunized due to a medical exemption or because there is a documented history of the disease or serologic immunity, a written and signed statement from the physician must be included with the child’s health history.

All medications for your child must be in their original containers, and properly labeled. Prescription medications must have complete name of patient, date filled, expiration date, directions for use, name and address of dispensing pharmacy, and name of physician prescribing medication. When non-prescribed medications (over-the-counter items) are provided for the child, then instructions for use (i.e., from parent/guardian or individual’s physician must accompany said medication.

The health department will not permit us to let a child attend camp that has not met the above requirements. Please have all paperwork mailed to us two weeks prior to arrival for camp. This is for your child’s safety and well-being. Thank you for your time, patience and understanding.

Soyuzivka Management and Camp Staff



### **Medical Care Coverage**

In case of illness or accident, my son/daughter shall receive immediate and competent medical care. I acknowledge that while attending the various Soyuzivka camps my son/daughter will participate in activities that may involve, among other things, physical contact with other persons or objects, including the ground, which may incur a risk of injury. I specifically waive, give up and release Soyuzivka, and its staff from liability for any claim for damages which I or my son/daughter may have relating to injuries or illnesses that he or she may sustain at the camp.

In signing this Medical Care Coverage, I certify that my child is in good health, with no chronic illnesses or abnormal tendencies. In the event of any emergency in which my son/daughter requires medical care, I authorize Soyuzivka and its camp staff to act for me, and to obtain for him/her whatever medical treatment the staff in its best judgment deems necessary and appropriate for the care and treatment of him/her, including but not limited to whatever medical, surgical, or dental examination, diagnosis and/or treatment is deemed necessary.

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Signature of Parent or Legal Guardian

Date

\*Please include a copy of Medical Insurance information for your child (i.e., a copy of a health insurance card showing coverage and policy number).