

Educational Programs

Medical Information Form

The Medical Information Form is kept confidential and used by our day camp program staff (or emergency medical personnel). Every camper needs a completed health form to participate in any day camp program. Please fill out this form as completely as possible. Thank you!

Camper Information PLEASE PRINT NEATLY

Camper's Name _____
(First) (Middle) (Last)

Date of Birth _____ Age _____ Gender Male Female

Contact Parent/Guardian #1 _____ Relationship _____
Day Phone #1 _____ Day Phone #2 _____
Day Phone #1 is Home Work Cell Day Phone #2 is Home Work Cell

Contact Parent/Guardian #2 _____ Relationship _____
Day Phone #1 _____ Day Phone #2 _____
Day Phone #1 is Home Work Cell Day Phone #2 is Home Work Cell

Additional Emergency Contact _____ Relationship _____
(In case we can't reach YOU) Emergency Contact # _____

Allergies

No known allergies.
Camper is allergic to: 1. Hay Fever 2. Poison Ivy/Oak 3. Insect Stings 4. Food 5. Penicillin 6. Other
Please list allergy. Describe reaction and treatment

In the case of food allergies, does the camper eat a special diet? YES NO (if no, please describe special food needs)

Please indicate action to be taken and any medication to be administered in case of allergic reaction (mild or severe)

Does the camper have an EpiPen? YES NO

Restrictions

I have reviewed the program of the camp and feel the camper can participate without restrictions.
 I have reviewed the program of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe) _____

Parent/Guardian Authorization

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Custodial Parent/Guardian _____ Date _____ Relationship to Camper _____