

MEDICAL AND HEALTH FORM

****To be completed for each child****

Camper's Name _____ Health Card # _____

Family Doctor _____ Telephone (Doctor) _____

Please circle any of the following health or medical conditions:

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's full participation in camp activities:

- | | | |
|-----------------------------|-----------------------------|----------------------|
| Diabetes | Fainting Spells | Digestive upsets |
| Ear, Nose, Throat Infection | Rash | Seizures |
| Heart problems | Asthma | Feet or Leg problems |
| Migraine | History of Head injuries | Hemophilia |
| Urinary infections | Rheumatic Fever | Hernia |
| Chronic Nosebleed | Recent illness or operation | |
| Other _____ | | |

Give details of usual treatment for each of the above conditions indicated.

Please explain if your child has any medical condition that requires modification of his/her program.

Allergies/Asthma

Please list all known confirmed allergies and/or asthmatic triggers:

Allergy / Asthma	Rate Severity				Reaction/Treatment
	Mild	----->	Life	Threatening	
_____	1	2	3	4	_____
_____	1	2	3	4	_____

Does your child have an EpiPen? YES NO
Does child have an asthma inhaler? YES NO

***If allergy or asthma is Life-Threatening, campers must bring required medications for the duration of their stay at camp. ***

Is the camper self-medicating? YES NO

ORTON SUMMER DAY CAMP

Medication

All medication shall be collected and monitored by the camp director. Does your child take prescribed medication on a regular basis? YES NO

Name of Medication	Reason	Dosage	Method of Administration

May camp staff administer sun screen, bug repellent (10% deet), and/or afterbite to your child? YES NO

If the answer above is No, please specify alternative _____

Dietary

Please list any foods your child should not eat for medical, dietary, or religious reasons

General

1) Does your child wear or carry medical alert identification? YES NO

If Yes, please specify what is written upon it _____

2) Does your child have any special fears or conditions, the knowledge of which will allow the camp director to make the camper's excursion more relaxed: YES NO

If Yes, please explain _____

Parental/Guardian Consent

To the best of my knowledge, camp participant _____ (Child's Name) is in good health and is physically and mentally able to participate in all camp activities, except as noted in the Medical Form. I give permission for this health form to be shared with appropriate staff and outside medical personnel as necessary. Permission is hereby granted to the Camp Directors to dispense medication as requested by the child's acting Parent or Guardian. If my child requires medication to be dispensed during the camp, clear instruction and dosages will be provided to the Camp Directors and all medication will be clearly labeled.

Should it become necessary for my son/daughter to have medical care, I hereby give camp staff permission to use their best judgment in obtaining the best of such service for my child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ X Date _____