

## Camper Health Information

Campers Name<sub>(print)</sub> \_\_\_\_\_ Camp Session \_\_\_\_\_

Please list all medications (prescription and non prescription) approved by you f or your child

1. Name of Medication \_\_\_\_\_ Is the child bringing the medication to camp Yes \_\_\_ No \_\_\_

Dosage (please check) Only as needed \_\_\_ Needed Daily \_\_\_ Scheduled Dosage \_\_\_

2. Name of Medication \_\_\_\_\_ Is the child bringing the medication to camp Yes \_\_\_ No \_\_\_

Dosage (please check) Only as needed \_\_\_ Needed Daily \_\_\_ Scheduled Dosage \_\_\_

All medications brought to camp MUST be in their original containers, plainly marked with child's name, the name of the medication and the dosage to be given. This includes all over the counter medication that your child will need during the week.

Is your child experiencing any of the conditions listed below? Please check ALL that apply.

**Hay fever** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Shortness of Breath** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Serious Skin Rash** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Speech Problems** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Seizures** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Hearing Problems** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Diabetes** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Vision Problems** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Frequent cold/ear aches** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Muscular/Skeletal** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Urinary/Bowel problems** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

**Hyper Activity** Yes \_\_\_ No \_\_\_ Past Problem \_\_\_

Does your child have any allergies

List any activities that your child cannot participate in \_\_\_\_\_

Parent Authorization – This section MUST be signed by the parent or legal guardian

This Triangle Y Camp health information is correct so far as I know and the child referred to above has my permission to engage in all camp activities except as specified above. I hereby give to the staff at Triangle Y Camp to secure medical and surgical treatment and to provide routine non-surgical care for the child named above while attending camp. I understand that Triangle Y Camp does NOT carry any health or accident insurance on children that are at camp.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_