

CAMPER HEALTH HISTORY CONTINUED

Name of Camper: _____

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Activities from which the camper should be exempted for health or other reasons: _____

Does camper know how to swim? Yes No Somewhat

Allergies: Please list any allergies (food, medicine, insect stings, etc.): _____

Asthma: Severe Moderate Mild Triggers? _____

Nutritional/dietary restrictions: _____

Diabetic? No Yes Vegetarian? No Yes

Camper Medications:

A first-aid kit will be present at all times. It contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. **May your child receive these medications if needed?**

Yes No Comments: _____

<p>IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW. All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival.</p> <p>I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:</p> <p>Name of Medicine: _____ Dosage _____ How often _____</p> <p>Name of Medicine: _____ Dosage _____ How often _____</p> <p>Any special information concerning this medication? _____</p> <p>_____</p> <p>Printed Name: _____ Signature: _____ Date _____</p>

Personal Information: Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp? Any emotional upsets? _____

Is your child apprehensive about anything at camp? _____

Any other suggestions or special information for the counselor? _____
