

Allergies

Please check all that apply. Thank you.

Penicillin Environmental Allergies Poison Ivy Hay Fever
 Food Allergies (Please Specify): _____
 Other (Please Specify): _____

Does the seriousness of any of these allergies require medical treatment? Yes No

If yes, please describe: _____

Is your child allergic to bee/insect stings? Yes No Unknown (never been stung)

If yes,

(A) What type of reaction did he/she have? Severe swelling and/or difficulty breathing

Mild/moderate swelling

(B) What type of remedy should be used? "Epi-Pen" will be supplied by parent

Apply ice, administer Benadryl

**Please note: If Benadrvl or Epi-Pen is required a Medication Order form must be completed.

Medical Information

Has your child ever...

Had a seizure?	Yes	No	Please describe: _____
Had a serious head injury?	Yes	No	Please describe: _____
Suffered from heat related problems?	Yes	No	Please describe: _____
Had a broken bone or injured joint?	Yes	No	Please describe: _____
Had an operation or serious illness?	Yes	No	Please describe: _____
Had a chronic or recurring illness?	Yes	No	Please describe: _____
Had dietary restrictions?	Yes	No	Please describe: _____
Had developmental delays?	Yes	No	Please describe: _____
Had emotional/behavior problems?	Yes	No	Please describe: _____
Menstruated (females only)?	Yes	No	If no, has she been informed about this? Yes No

Does your child...

Have a health condition that may require care or emergency action while at camp? Yes No
If yes, please describe: _____

Need his/her physical activity to be restricted? Yes No
If yes, please describe: _____

Have any medical evaluation information that may help us meet your child's needs? Yes No
If yes, please describe: _____

Require any specialized treatment? Yes No
If yes, please describe: _____

Have any other specific illness, disability or other limiting condition? Yes No
If yes, please describe: _____

Currently take any medication? Yes No
If yes, please describe: _____

Release *This statement must be signed in order for your child to attend our summer programs.*

This health history is **correct** and **complete** so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I agree to notify the Camp in writing of any change in the camper's physical or mental health from the date of enrollment throughout the camp season. I hereby give permission to medical personnel selected by the Camp Director to order X-rays, routine tests or other treatment and to release any records necessary for insurance purposes and to provide necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips and alternate camp locations.

Signature of Parent/Guardian

Date