

# Medical Information Form

## Allergies *(specify)*

NONE

Animals \_\_\_\_\_

Food \_\_\_\_\_

Plants/Pollen \_\_\_\_\_

Insect Bites \_\_\_\_\_

Medicine/Drug \_\_\_\_\_

Other (specify) \_\_\_\_\_  
\_\_\_\_\_

## Chronic Issues *(specify)*

NONE

Bed-Wetting \_\_\_\_\_

Ear Infections \_\_\_\_\_

Behavioral \_\_\_\_\_

Seizures \_\_\_\_\_

Bleeding Disorders \_\_\_\_\_  
\_\_\_\_\_

Asthma \_\_\_\_\_

Heart Defect/Disease \_\_\_\_\_

Diabetes \_\_\_\_\_

Other (specify) \_\_\_\_\_  
\_\_\_\_\_

## HEAD LICE POLICY

In the event that a camper is found with live head lice parents will be notified to pick up their child. Please treat child before camp if necessary.

## BED WETTING POLICY

If your child has overnight bladder control problems - please send along extra pajamas & protective undergarments. **Discretion will be maintained by your child's Cabin Leader.**

## Other Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ATTENDEE'S INFORMATION

This form is to be completed by the participant's parent and/or legal guardian or yourself if a leader. This form must be returned before the individual may attend Camp as a CAMPER or LEADER.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ (only required if under 18yrs of age)

**Emergency Contact #1:** \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

## MEDICATION INFORMATION

Any medications sent to camp need to have detailed instructions printed on the bottle/package. If your child has multiple medications, please put them all in a large zip-loc bag labeled with your child's name and a phone number where you can most easily be reached. We have an excellent nurse who dispenses all of our medications, but we need **legible** and **complete** instructions. Thank You! ☺ Do not forget to list (and send along) frequently used Over-the-Counter medications for allergies, pain, stomach ache, etc...

**Medication:** \_\_\_\_\_

Dose: \_\_\_\_\_ When to Give: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Dose: \_\_\_\_\_ When to Give: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Dose: \_\_\_\_\_ When to Give: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Dose: \_\_\_\_\_ When to Give: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Dose: \_\_\_\_\_ When to Give: \_\_\_\_\_

Other Information: \_\_\_\_\_