



Medication allergies (list)

Food allergies (list)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, poison oak/ivy,etc.

**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken **routinely**. Bring enough medication to last the entire time at camp. The **original packaging/bottle or a prescription** is required which identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Prescription/medication must be given to the Camp Director **prior** to the start of the camp week.

Form with checkboxes for medication status and fields for medication details (Med #1, Dosage, Specific times taken each day, Reason for taking). Includes a section for additional pages and a field for medications taken during the school year.

**NON-PRESCRIPTION MEDICATIONS:** I authorize the following medications to be administered:

Table with 4 columns: Tylenol, Cough Syrup, Pepto Bismol, Benadryl. Each column has Yes/No checkboxes and a field for 'Other'.

**RESTRICTIONS** (The following restrictions apply to the individual.)

Dietary Restrictions: Yes No If yes, explain:

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

**GENERAL QUESTIONS** (Explain "yes" answers below.)

Table with 2 columns: 'Has/does the participant:' and 'Yes No'. Lists 20 health-related questions.

Please explain any "yes" answers, noting the number of the question(s).

**IMMUNIZATION HISTORY:**

Are all immunizations up to date? Yes No
Date of Last Tetanus Shot (if known):

Which of the following has the participant had?
Measles Hepatitis A
Mumps Hepatitis B
Chicken Pox Hepatitis C

List any physical, emotion, or mental health about which the camp should be aware.

Name of family physician Phone
Name of family dentist/orthodontist Phone

Signature of parent/guardian
Printed Name

Date