

Complete one form per camper.

Camper's Name _____

DOB _____

	Circle One	Further Details if Necessary
Diagnosis of asthma	Yes / No	
Diabetes	Yes / No	
Heart Problems / Shortness of breath	Yes / No	
Dizziness or chest pain with exercise	Yes / No	
Eye / Vision Problems: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	Yes / No	
Hospitalization: When? What for?	Yes / No	
Epilepsy / Seizures	Yes / No	
Nosebleeds	Yes / No	
Headaches	Yes / No	
Ear / Hearing Problems	Yes / No	
Dental: <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate	Yes / No	
Any Allergies: <input type="checkbox"/> Epi Pen	Yes / No	
Special Emotion Needs	Yes / No	
Other Concerns	Yes / No	

Is your child on any medications? If so, please describe: _____

Does the camper need to take any medications during the day? Yes No If yes, we will contact you for details and arrangements.

My camper may be given any of the following (please circle if acceptable):

Acetaminophen / Tylenol Ibuprofen / Advil Tums

Sunscreen Policy - If parents desire for their child to have sunscreen, then the camper will need a spray type sunscreen with the camper's name on it. Staff will apply the sunscreen spray before going outside. If you do **not** want the spray type, the parent / guardian needs to apply the sunscreen before coming to camp.

Do you want your child to wear sunscreen when going outside? Yes No *Checking "yes" allows staff to apply parent provided sunscreen spray to the child.*

Child's Physician _____ Phone # _____ Hospital _____

Ins. Co. _____ Policy # _____

Parent / Guardian Signature _____ Date _____