

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 Benadryl 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 hereby give permission to medical personnel selected by the 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 Director to secure and administer treatment, including hospitalization for the person named above.

Signature of Parent/Guardian

Date