

Camper Medical Information

Camper's Name:

Does the camper have any allergies?* ☐ Yes ☐ No

List all allergies and the type of reaction they cause.

Does the camper have an epi-pen? ☐ Yes ☐ No

Does the camper have any special food restrictions?* ☐ Yes ☐ No
dietary support may need to be provided by guardian)

Please list any special food restrictions

Does the camper take any medications they will take during the week of camp?* ☐ Yes ☐ No

IMPORTANT: All medications must be in the recent blister pack or bottle with a visible prescription that the camp nurse can read. (Medication dispensers are not permitted.) Please only send enough medication needed for the week of camp.

List medications and when they must be taken (example: At Breakfast, At Lunch, Before Bed, As Needed)

Has the camper been diagnosed with asthma by a physician?* ☐ Yes ☐ No

IMPORTANT: If your child has been diagnosed with asthma by a physician and has medication including tablets, nebulizers, or inhalers, they MUST bring such treatment with them to camp or they will not be allowed to stay at camp!

Does the camper have any other significant health history (heart condition, diabetes, any injury) or does the camper have any restrictions/medical conditions that the nurse needs to be aware of?*

☐ Yes ☐ No

Does the camper have any mental health diagnoses? ☐ Yes ☐ No

To help us provide the best care and support for your child, please share any medical, behavioral, or mental health concerns that our staff should be aware of (e.g., anxiety, ADHD, depression, etc.) This information will remain confidential and will only be used to ensure a safe and positive camp experience.

If Yes, please explain

Over the Counter Medications Permitted

Please select Yes or No to the following medications your child may or may not be given at camp
May we give your child...

Tylenol?* ☐ Yes ☐ No

Ibuprofen?* ☐ Yes ☐ No

Tums?* ☐ Yes ☐ No

Claritin?* ☐ Yes ☐ No

Gravol?* ☐ Yes ☐ No

Benadryl?* ☐ Yes ☐ No

Polysporin?* ☐ Yes ☐ No

Hydrocortisone cream?* ☐ Yes ☐ No

____ I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified but if I cannot be reached by telephone I consent to emergency medical treatment, which may include surgery for my child as deemed necessary by competent medical personnel. I agree to the release of medical information deemed necessary.

Parent/Guardian Name*

