

Health Form Consent to treat.



Camp Event: _____ Year: 20_____

Child's Name: _____

Birthdate: ___/___/_____ Age: _____ Grade Next Year: _____

Parent/Guardian Name(s): _____

Parent's Address: _____

Home Ph. _____

Work Ph. _____

Other Emergency Contact:
 Name: _____
 Phone: _____

Medical Insurance Name/Policy Number: _____

I hereby grant permission for my child (listed above) to receive the appropriate doses of acetaminaphen (ex. Tylenol) for uncomplicated headache or pain, if he/she requests it. **If I cannot be reached in the case of emergency, I authorize the camp personnel to consent to emergency treatment.** Exceptions to the above are listed here: _____

Should my child develop a fever, an upper respiratory infection (more than a "runny nose cold") and vomits or shows other signs of illness **I will be called to bring him/her home until he/she is symptom-free for at least 24 hours!!**

(NO MEDICATION MAY BE KEPT IN CHILD HOUSING AREAS. All medications, including over-the-counter, will be kept and administered by the nurse. A parent accompanying a child may retain child's meds. Children needing inhalers or epi-pens may keep them, with consent from the nurse.)

Any medication I have sent is in its original container clearly labeled with child's name, medication name, dosage and times of administration. I have sent only the amount needed for the time at camp.

- My child:
- has health/behavior concerns. (Details on back.)
 - has physical limitations. (Details on back.)
 - is currently on medication. (List at the side.)
 - is aware of own health needs. (Comment on back.)



Parent/Guardian Signature _____

Date _____

Mark a "P" (past) for any of the following child has had in the past, and mark an "N" (now) for any the child has now. Please note any additional information you feel will be helpful on the back of this page.

- Appendicitis _____
- Asthma _____
- Bed Wetting _____
- Chicken Pox _____
- Convulsions _____
- Depression _____
- Diabetes _____
- Diphtheria _____
- Ear Trouble _____
- Epilepsy _____
- Fainting _____
- German Measles _____
- Hay Fever _____
- Heart Trouble _____
- Hypertension _____
- Infantile Paralysis _____
- Measles _____
- Mumps _____
- Rheumatic Fever _____
- Scarlet Fever _____
- Sinus Infection _____
- Skin Disease _____
- Sleep Walking _____
- Tonsillitis _____
- Tuberculosis _____
- Ulcers _____
- Whooping Cough _____
- Allergies:**
- Insect Stings _____
- Hay Fever _____
- Penicillin _____
- Other _____

Dates of most current vaccines:
 Tetanus; td of DTP _____
 MMR _____
 Polio _____

Current Medications:

Health Form