

**Please bring this completed form with you to registration**

## **Medical History**

Camper Name \_\_\_\_\_

**Check all that your child has now or has had in the past.**

Asthma       ADHD       ADD       Heart Disease  
 Allergies (list below)       Leukemia       Lung Disorders  
 Thyroid Disorder       Surgeries       Behavioral Difficulties  
 Sleep Disorders       Depression       Any other medical problem(list below)

\_\_\_\_\_

List the medicines that your child takes on a daily basis and the dosage amount of each

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus vaccination \_\_\_\_\_

If your child has an injury during camp and his/her vaccination is not current do you want your child to receive one at your expense? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Do not send over the counter medicines to camp. The camp medical person has available to them numerous over the counter items such as Tylenol & Advil, Pepto Bismol, Sunburn gel, Benedryl and like items.**

Please send all prescription medicines to camp with your child. Place in a ziplock bag with your child's name and camper number, name of medicine, dosage amount and the time it should be given. These items need to be checked in with the camp medical person for safe keeping for the week. It is your responsibility to pick these medicines up prior to or after graduation.

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Date

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