

# CAMP WOODSTOCK MEDICAL FORM – 2018

Camper Name:

Session:

Date:

Date of Birth:

Gender:

Age:

**Parent/Guardian Information 1**

Parent/Guardian 1

Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email Address

**Parent/Guardian Information 2**

Parent/Guardian 2

Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email Address

Name	Relationship	Home Phone	Work Phone	Cell Phone

**Allergies and Dietary Restrictions**

Does your child require an EpiPen?    Yes    No

Please provide details about your child's anaphylaxis, including the date and description of the reaction

**Dietary Restrictions**

Does your child have any dietary restrictions/food allergies? (Please explain)

**Medications and Treatments**

**Over-the-Counter Medications**

Medication Name	Yes/No
Acetaminophen (Tylenol)	
Aloe Cooling Gel	
Antifungal Cream	
Antihistamines (Benadryl, Diphenhydramine)	
Bacitracin	
Calamine Lotion	
Chlorasptic	
Cortaid (Hydrocortisone Cream)	
Cough Drops	
Ibuprofen (Advil)	
Ivy Block	
Mallox	
Robitussin	
Robitussin DM	
Sudafed	
Tums	
Visine	

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Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications?

Will your child require any treatments while at camp?

Please explain what treatment(s) must be given to your child, including the frequency.

Does your child regularly take any medications that will not be taken at camp?

Explain what medications your child takes regularly and why they are taken.

If your child has not been fully immunized, please explain reason for

## Health History

Has your child had any operations?

Please explain the operation(s), including date(s).

Has your child ever been hospitalized or had a serious injury? Please explain reason for

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Is there anything you would like to discuss with the camp medical staff?

Please explain what you would like to discuss with the camp medical staff.

## Medical Waiver

*By signing this form either written or electronically it confirms that you have read the medical waiver, that you understand it, and that you agree to be bound by it.*

## Emergency Authorization

This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities except as noted. Permission to Treat: I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; to administer medications. to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the nurse selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. I authorize Camp Woodstock to charge my credit card for all expenses incurred by Camp Woodstock for the treatment of my child

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_