

CAMP WOODSTOCK MEDICAL FORM - 2019

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 - Mandatory

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 - Mandatory

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

Medications and Treatments - Mandatory

Over-the-Counter Medications

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

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Does the camper have any disabilities or special health care needs such as severe allergies, asthma or special dietary needs that requires special care be taken while at camp?

Yes No

If yes, please explain _____

If yes, the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper:

Has the camper been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes:

Yes No

Does the camper have any known medical or emotional illness or disorder that poses a risk to themselves, other children or which affects the camper's functional ability to participate safely in a youth camp?

If yes, please explain _____

Does your camper require any prescription or over the counter medication(s) a while at camp?

Yes No

If yes, please explain _____

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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: _____