

CAMP WOODSTOCK MEDICAL FORM - 2020

Camper Information

Date _____

Camper Name _____

Session _____

Date of Birth _____

Gender

Male

Female

Parent/Guardian _____

Parent/Guardian _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Home Phone _____ Cell Phone _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Emergency Contact Information

Name

Relationship

Home Phone

Work Phone

Cell Phone

Allergies and Dietary Restriction – Mandatory

Does the camper have any disabilities or special health care needs such as severe allergies, asthma or special dietary needs that requires special care to be taken while at camp? Yes No

If yes, please explain _____

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)

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Medications and Treatments – Mandatory

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

If yes, please explain _____

Over-the-Counter Medications

Please indicate whether we can administer OTC medication.

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

Please provide the date of your child's last Tetanus Shot (Tdap or Td). _____

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

If the camper has a special health care need or disability that requires special care to 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.

Does the camper have any known medical, emotional, social health, development or psychological disorders that poses a risk to themselves, other children or which affect the camper's functional ability to participate safely in a youth camp?

If yes, please explain _____

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Is there anything 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 name 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 _____