

CHESSIE SUMMER CAMP HEALTH HISTORY 2021

Family Name: _____

If your child is injured during summer science and sports camp, every effort will be made to contact you, the parent. Please be sure that you can be reached on the contact numbers that you list on this form during camp hours. In the unlikely instance that you could not be reached and your child needed medical attention, the following information would be important that we have on file. This information will be kept confidential and not used unless there is an emergency. Add additional medication information on the back.

If you are sending medication with your child to class, please send a written permission slip for camp leaders to administer the medication. (ie. epi-pen, albuterol inhaler) If your child administers the medication by him/herself, please send a written permission slip stating this and sign.

Child #1 name: _____

Medication allergies (list) _____

Food allergies (list) _____

Other allergies (list) –include insect stings, asthma, animal dander, mold, etc. _____

Medications being taken _____

_____ 1. This person takes no medications on a routine basis

_____ 2. This person takes medications as follows:

Medication #1 _____ dosage _____ Reason for taking _____

Medication #2 _____ dosage _____ Reason for taking _____

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Family Physician: _____

Does your child struggle with an learning or emotional challenges that we should be aware of? If so, please list the area of struggle and any information that you can share with us to help us as we work with your child so that we can be sure to give your child the best camp experience as possible. _____

NEW THIS YEAR: list of approved drivers and their phone numbers.

If your child is to be picked up by a babysitter, or anyone other than parents, please list their names and phone numbers below. To keep our campers safe, they will only be released to one of your approved drivers. If you have additional names to add to your list after you register for camp, please e-mail Kathy Pierson and it will be added to your paperwork.

APPROVED DRIVERS:

Child #2 name: _____

Medication allergies (list) _____

Food allergies (list) _____

Other allergies (list) –include insect stings, asthma, animal dander, mold, etc. _____

Medications being taken _____

_____ 1. This person takes no medications on a routine basis

_____ 2. This person takes medications as follows:

Medication #1 _____ dosage _____ Reason for taking _____

Medication #2 _____ dosage _____ Reason for taking _____

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Family Physician: _____

Does your child struggle with an learning or emotional challenges that we should be aware of? If so, please list the area of struggle and any information that you can share with us to help us as we work with your child so that we can be sure to give your child the best camp experience as possible.

Child #3 name: _____

Medication allergies (list) _____

Food allergies (list) _____

Other allergies (list) –include insect stings, asthma, animal dander, mold, etc. _____

Medications being taken _____

_____ 1. This person takes no medications on a routine basis

_____ 2. This person takes medications as follows:

Medication #1 _____ dosage _____ Reason for taking _____

Medication #2 _____ dosage _____ Reason for taking _____

Family Physician: _____

Does your child struggle with an learning or emotional challenges that we should be aware of? If so, please list the area of struggle and any information that you can share with us to help us as we work with your child so that we can be sure to give your child the best camp experience as possible. _____
