

Health Information

This health form must be filled out completely and thoroughly

Dear Parents:

If your child must take any medication, carefully read the medication instructions below. Medication WILL NOT be administered unless all of the instructions are properly followed. It is necessary that the school and camp authorities know you child's physical and mental condition. If you have any doubt that your child is in good health, have a physician examine your child and forward the report to the camp.

1. Medication
 - a. If your child must take any medication, send medicine in the ORIGINAL CONTAINER.
 - b. PRESCRIPTION MEDICATIONS must be accompanied by a pharmacy label containing the RX number, the name of the medication, and dosage, directions for administration, and the child's name.
 - c. NON-PRESCRIPTION MEDICATIONS must be in their original containers, clearly labeled with the child's name, name of the medication, and directions for its use.
 - d. Medicine lying loose in sandwich bags or other containers will not be administered.
 - e. Your child will not be allowed to keep any medications in the dormitory.

Please complete the following areas that pertain to the student.

Please check the appropriate Box: This Person takes NO medication on a routine basis.
 This person takes medication as follows:

Medication	Reason (optional)	Dosage	√ if prescribed by Doctor	Administering Directions	√ if Taken with Food	Due to program scheduling, medications are administered during meal times. Please circle approximate times meds are taken.
						7:30am 12:00pm 5:30pm 10:30pm Other___ am/pm
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Please Look Over and Follow the Medication Instructions Above

I hereby give permission to the program director, assigned staff member, and/or school personnel to help self administer medication to the student stated on this form.

_____ Signature _____ Relationship _____ Date

2. Allergies (food, insect bites, drugs, others): _____
3. Has your child been exposed to any communicable disease within the past 10 days? If yes, what disease _____
4. Are there any physical activities in which your child should not participate? _____
5. Has your child ever had a problem with homesickness? If YES, please explain briefly? _____
6. Date of last tetanus shot, if known: _____
7. Any other information we need to know about your child (special health concerns, special diet, recent hospitalizations, fractured bones, etc.): _____

Please feel free to attach an additional form if your child takes additional medication or there is anything else you think we need to know.