

HEALTH INFORMATION

CAMPERS NAME

First _____ Last _____

- 1. Does your child have any allergies? Yes No
- 2. Is your child subject to sleep walking? Yes No
- 3. Are there any foods your child should not eat? Yes No
- 4. Is your child subject to bed wetting? Yes No

If you have answered "Yes" to any of the above questions, then please explain below

- 5. Date of last tetanus shot _____
- 6. Name of family doctor _____ Telephone # _____
- 7. What medical problems does your child have that camp personnel should be aware of? _____

- 8. All medication will be kept in the camp nurse's office. Does your child have any medication to take while at camp? Don't forget to put all medicine in a labelled Ziploc bag and turn it in to the coordinator before you're child gets on the bus.

Medication: _____ Dosage: _____ Time of Day: _____
Medication: _____ Dosage: _____ Time of Day: _____
Medication: _____ Dosage: _____ Time of Day: _____
Medication: _____ Dosage: _____ Time of Day: _____

- 9. During a week at camp, we often find it advisable to use some over-the-counter medications in treatment of minor injuries or illnesses. The products used most often are listed below. If you do not want your child to receive the benefit of any of these, please cross them off.

Ammonia Inhalant	First Aid Spray	Caladryl Lotion
Mylanta	Pepto-Bismol	Hydrogen Peroxide
Maalox	Rubbing Alcohol	Cough Drops
Tylenol	Ibuprofen	Sterile Eye Wash
Children's Allergy Medicine	Visine Eye Drops	

PLEASE READ: I grant permission for my child to attend Camp Penuel East. I grant permission for pictures of my child to be used in any camp publicity. I waive and release Camp Penuel East and its representatives from any and all claims and causes of action should my child or ward be injured during or travelling to and from camp. I grant permission for Camp Penuel East to administer or arrange for emergency medical treatment by ANY Hospital, emergency room, or medical personnel in the event of an accident, injury or illness. I agree to pay for all services provided for my child in my absence.

Insurance Company Name: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____