

Medical Form Summer Adventure 2008

All campers must supply the Camp Health Office with a current confidential medical history which includes:

Child's Name _____

Physician's Name, Address & Phone

Immunization Records

A copy of your child's immunizations or a religious or medical exemption letter is required. Immunizations should include: Diphtheria, Tetnus, Haemophilus Influenza type B, Measles, Mumps, Rubella, Hepatitis B series, Poliomyelitus, & Varicella (or documentation of having contracted the chicken pox virus).

Medical Conditions/Dietary Needs and/or Limitations

Please list if your child has any medical conditions such as allergies, dietary needs or limitations, seizure disorder, asthma, and/or any existing communicable disease:

Medications

Please list any medications taken by the camper at home or during camp hours:

Any medications administered during camp hours, on an as needed or ongoing basis, needs to be accompanied by a Medication Administration Form. This form is in the Camp Health Office. All medications need to remain in the Health Office unless other arrangements have been made with the Camp Nurse.
