

Friedenswald Camper Health Form

(Rev. 10/08)

Parents, please complete this form for each of your youth. Must arrive before the first day of camp or bring on arrival.

Child's Name _____ Age ____ Gender _____

Address _____

Camp Attending: _____

1. Is the camper in good general health and physically able to participate in a rigorous camping program? Yes No
If no, explain _____
2. Are any restrictions or limitations indicated? Yes No
If yes, explain _____
3. Is there any history of allergy or drug reactions (including food allergies)? Yes No
If yes, explain _____
4. Is there any condition for which the camper is being treated? Yes No
If yes, explain _____
5. Has the camper received diphtheria, polio, measles, and rubella immunizations? Yes No
If no, explain _____
6. Date of last tetanus booster: _____

7. **Is your child on any prescription medications?** Yes No
Send ALL meds in original containers with prescription details & child's name on label.
- Type: _____ Dosage: _____ Frequency: _____
- Type: _____ Dosage: _____ Frequency: _____
- Type: _____ Dosage: _____ Frequency: _____

*****My child may keep their inhaler on them and not turn it in to nurse? Yes No

NOTE: Camp has a supply of generally recognized over-the-counter medications (Tylenol, Benadryl, Caladryl, Pepto Bismol, etc.) that the health officer will dispense as needed. If you have a preference for your child, please send it with them with instructions.

8. Are there any behavioral considerations that would assist the staff in working with your child? Yes No
If yes, explain _____
9. I give permission for my child to participate in the activities of the week including swimming, initiatives course, overnight camp-out, and various other group activities. Yes No Exceptions _____

Parents' Names _____ Day Phone _____

Night Phone _____

Address _____
(Street) (City) (State) (Zip)

Release/Medical Care Authorization

I give permission for my child to attend Camp Friedenswald and designate camp officials to act in my behalf in authorizing routine, non-surgical medical care as well as emergency medical and surgical care for

(Name of Child) Signed: _____ Date _____
(Parent/Relationship to child)

TRANSPORTATION: In order to facilitate proper release of your child, please indicate who will be picking up the child at the end of the camp week:

Name/s (please print) _____