

FRIEDENSWALD CAMPER HEALTH FORM (Rev. 3/08)

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
If yes, please list below. 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

_____. Signed: _____ Date _____
(Name of Child) (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) _____