

**Briarwood Day Camp Camper Health Form and Parental Consent
SUMMER 2010**

Camper Medical

The purpose of this confidential medical questionnaire is to help us know your child better and provide for more individualized care.

Camper's name: _____ M __ F __ Date of Birth: _____ Weight: _____
Custodial parent(s) name(s): _____
Street Address: _____ City: _____
State: _____ Zip: _____ Email: _____ Home phone #: _____
Cell phone #(s): _____ Work phone #(s): _____

In case of an emergency and the camper's custodial parent(s) cannot be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

Allergies: _____

Present medications and/or chronic conditions (e.g. for diabetes, seizures, asthma – use additional pages if necessary): _____

Any surgeries: _____

Is there any other information that you feel would help us in treating your child and/or assisting with your child's physical or mental adjustment to camp (use extra space if necessary)? _____

Please circle the following over-the-counter medications listed below that may be administered to your child while at camp:

| | |
|---|---------------------------------|
| TYLENOL for headaches or other mild pain | THROAT LOZENGES for sore throat |
| PEPTO BISMOL for mild stomach aches | COUGH DROPS for cough |
| MOTRIN for muscle injury / menstrual cramps | IMMODIUM for diarrhea |
| TUMS for upset stomach | HYDROCORTISONE CREAM for rash |
| MIDOL for menstrual cramps | CALAMINE LOTION for poison ivy |
| BENADRYL for insect bites or bee stings | |

IMMUNIZATION RECORD, PLEASE INDICATE DATE:

DPT _____ POLIO _____ MMR _____ HIB _____ HEP B _____ VARICELLA _____ TETANUS _____
Physician's name: _____ Phone: _____
(no signature needed)

Parental consent

I hereby give permission to the medical personnel selected by the camp to provide routine health care and to administer medication. In the event that I cannot be contacted in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child.

I have read and agree to all terms, conditions and permissions in this Camper Health Form and Parental Consent.

Parent Full Name (please print)

Parent Signature

Date

****IF YOUR CHILD WILL BE TAKING MEDICATION WHILE AT CAMP, PLEASE ALSO
COMPLETE PERMISSION TO MEDICATE FORM****