

**Briarwood Day Camp Camper Health Form, T-Shirt Request and Parental Consent
SUMMER 2009**

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 ___ Age ___ 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: _____

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
PEPTO BISMOL for mild stomachaches
MOTRIN for muscle injury / menstrual cramps
TUMS for upset stomach
MIDOL for menstrual cramps
BENADRYL for insect bites or bee stings

THROAT LOZENGES for sore throat
COUGH DROPS for cough
IMMODIUM for diarrhea
HYDROCORTISONE CREAM for rash

IMMUNIZATION RECORD, PLEASE INDICATE DATE:

DPT ___ POLIO ___ MMR ___ HIB ___ HEP B ___ VARICELLA ___ TETANUS ___

Physician's name: _____ Phone: _____

(no signature needed)

Is there any other information that you feel would help us with your child's physical or mental adjustment to camp? _____

Complimentary T-shirt

Size for your child's complimentary t-shirt (check one): Youth: S M L Adult: S M L XL

Parental consent

I hereby give permission for my child to participate in all camp activities. I also grant Briarwood Day Camp permission to take my child on trips outside of camp as part of the regular camp program.

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 hereby give permission for photographs and videos to be taken of my child and Briarwood Day Camp has the right to utilize these in camp brochures as well as in electronic, video, print, display and other materials.

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

Parent Full Name (please print)

Parent Signature

Date