

FLOURTOWN SUMMER DAY CAMP

HEALTH FORM

Part II

If there is more than one child enrolled, please specify which child when answering the following questions. Answering these questions to the best of your knowledge will enable us to give your child the best care.

- Will your child be taking any medication during camp? _____

If yes, all medication must be given to our nurse in the Nurse's/First Aid office

- What medications will they be taking? _____

- Why are taking this medication? _____

- Does your child have any allergies? _____

Please list _____

- Does your child have any allergies to medications? _____

Please list _____

- Does your child have asthma? _____ If yes, do they use and inhaler? _____

- Does the camper have any physical limitations or chronic ailments that we should be aware of?

- Has the camper been identified with any learning disabilities? _____

Please explain _____

Would they interfere with typical camp activities?

- FSCDC is a highly structured camp that requires children to stay with a group and follow the direction of counselors. Are there any behavioral issues that your child has that might hinder his/her full participation in our camp program? _____

- Date of last Tetanus shot: _____

- Please list any additional comments that may be of assistance in helping us care for your child.

The medical information I have provided, to the best of my knowledge is correct and the person(s) herein described has permission to engage all prescribed camp activities except if noted.

Parent/Guardian Signature _____ Date: ____ / ____ / ____

My child/children are completely up to date with all their immunizations and physicals.

Parent/Guardian Signature _____ Date: ____ / ____ / ____