

4. Does this child have asthma? Yes No

If YES, what triggers your child's asthma?

If YES, will your child carry a rescue inhaler during the camp session? Yes No

If YES, does your child need staff help to use that rescue inhaler? Yes No

Note If your child will be carrying a rescue inhaler and/or related paraphernalia or devices, please provide a written statement of medical necessity from the prescribing doctor at camp check-in.

5. List the medications (prescribed and over the counter) that your camper takes on a routine basis. If additional space is needed, please use the area provided under question 7:

This camper takes no routine medication.

a. Med: _____ Reason for taking this: _____

b. Med: _____ Reason for taking this: _____

6. We will call when there is a question about your child's health, if your child requires medical attention and/or in an emergency. Please provide contact information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent/Guardian: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

7. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Over the Counter Consent

I authorize the camp Health Officer to provide over the counter (OTC) medications to my child as needed and directed by the medication label. I will provide any OTC medications, in its original container, to the Camp Health Officer at camp check-in, and my child does not have any medical conditions and/or does not currently take any other medications that would interfere with any OTC medications. I understand that the Camp Health Officer will call the indicated parent/guardian if questions arise about the OTC medications my child can take.

Signature of Parent/Guardian: _____ Date: _____