Medical Information Form

Medical Background for: ________________________________________________ 
(first name) ________________________________________________ 
(last name) ________________________________________________

Does child have physical restrictions/limitations? ____ yes ____ no 
If yes, what: ________________________________________________

Is your child subject to seizures? ____ yes ____ no 
Type: __________________________ Frequency: ______________________

Other Special Conditions: __________________________________________

Allergies to drugs, foods, insects? ____ yes ____ no 
If yes, what: ________________________________________________

Is child on a special diet? ____ yes ____ no 
If yes, please explain: ________________________________________

Is child taking medication: ____ yes ____ no

Medical Insurance Company for child: __________________________________________

Insurance Policy Phone: __________________________ Policy Number: __________________________

Other than information included on this form, are there other things emergency personnel need to know about your child before treating or transporting? __________________________________________

________________________________________________________________

________________________________________________________________

I give permission for my child, ________________________________________________ , to have his/her oral medication administered to him/her during camp hours by a Camp staff person.

Medication must be provided in its original container from pharmacy with dosage amount, directions, and prescribing physician name. If not, medication will not be administered.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time</th>
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<tbody>
<tr>
<td>1._________</td>
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Special Instructions for administering medication:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Camper’s Parent/Guardian __________________________ Date ___________________