PARENTAL AUTHORIZATION & MEDICAL FORM

CAMP YEAR _____ *CAMP SHIRT SIZE* _____

Office Use Only:
Camp: BO LB EX
Group: _____

CAMPER INFORMATION:

Last Name: _____ First Name:_____

DOB: _____ AGE: _____ Weight: _____ Grade Entering in Fall: _____

Camp:

☐ Big Oak (1st-9th grades)

☐ Little Buds (2-5 years old)

☐ Expressions (6-16 years old)

EXTENDED CARE:

☐ AM Arrival Time: _____

☐ PM Pick Up Time: _____

☐ None

PARENT INFO:

Parent 1: _____ Cell _____ Email _____

Parent 1: _____ Cell _____ Email _____

EMERGENCY CONTACT (other than parents) AUTHORIZED TO GIVE CONSENT AND/OR PICK UP

Name _____ Cell _____ Relationship _____

OTHERS AUTHORIZED TO PICK UP:

Name:_____ Name: _____ Name:_____

Cell: _____ Cell: _____ Cell: _____

CAMPER MEDICAL INFORMATION - (Complete Page 2 if you answer Yes to any question)

Does your child have any food allergies? Yes ☐ No ☐

Does your child have any other allergies? Yes ☐ No ☐

Does your child use an Epi-Pen? Yes ☐ No ☐

Does your child have asthma? Yes ☐ No ☐

Does your child use an inhaler? Yes ☐ No ☐

Camper May Receive:

☐ Tylenol ☐ Tums

☐ Ibuprofen ☐ Pepto

☐ Benadryl ☐ Call First

Does your child have medication to be admistered at camp? Yes ☐ No ☐ (must be in original containers).

Medication: _____Instruction: _____

Medication: _____Instruction: _____

Any additional medical information?

*I understand that medication that I provide to Camp Concepts may be dispensed by a staff member according to the instructions that I have outlined above if the nurse is not available. I also give permission for my child to receive necessary emergency medical treatment if needed. The form will be used to provide health history information to medical staff to begin treatment. I will be contacted as soon as possible to provide any additional information. I also give my consent for my child (BO or EX) to be transported in camp owned, leased or arranged transportation to off campus activities. *LITTLE BUDS DO NOT LEAVE CAMPUS*

Name: _____ Date: _____

SUPPLEMENTAL ALLERGY & ASTHMA INFORMATION

Camper Last Name: _____ First Name: _____

Food Allergy Information:

Foods allergic to: _____

Ingestion: ☐ Contact: ☐ Both: ☐

Do they need to sit at an allergy table? Yes ☐ No ☐

Does the food need to be from nut free facility? Yes ☐ No ☐

Epi-Pen Information:

Does camper have EPI pen? Yes ☐ No ☐

If yes, provide Action Plan to be kept with the EPI in the office and travel off campus with camper.

Is the EPI Pen for: Food ☐ Bees ☐ Other _____ (please list other)

Has an EPI ever been used? Yes ☐ No ☐

Does Camper recognize the symptoms of a reaction? Yes ☐ No ☐

Please describe typical reaction

Asthma Information:

Does camper have asthma? Yes ☐ No ☐ *Please provide action plan*

Is an inhaler needed at camp? Yes ☐ No ☐

Where should inhaler be kept?: Medical Office ☐ Counselor ☐ Camper ☐

Is the inhaler? Rescue ☐ Preventative ☐

Does Camper recognize need? Yes ☐ No ☐

What can trigger an asthma attack?

Please describe when your camper should use inhaler: Rescue ☐ Preventative ☐ Other ☐

Other Allergy/Medical Information:

Please list any other allergies/medical issues that we should be aware of: