

2016 NORWOODVILLE SUMMER CAMP - MEDICAL INFORMATION

CHILD'S NAME _____ GENDER ____ AGE ____ DOB _____

ADDRESS _____ CITY _____ ZIP _____

****Is your child allergic to any medications, insect bites or stings?** Yes _____ No _____

If yes, please specify: _____

****List medications your child takes regularly** _____

Has you child had a severe illness or accident within the past year? Yes _____ No _____

If yes, please state type, date and any pertinent information in regards to such illness or accident.

Does your child have any chronic health problems, such as asthma, etc.? Yes _____ No _____

If yes, please specify: _____

****Is there any concern of your child withstanding summer heat and humidity?** Yes ____ No ____

Can your Child Swim? Yes _____ No _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Relation _____

Home _____ Cell _____ Work _____

Parent/Guardian Name _____ Relation _____

Home _____ Cell _____ Work _____

In case of an illness or accident and the contacts listed above cannot be reached, who should we call?

Name _____ Relation to Child _____

Home _____ Cell _____ Work _____

Name _____ Relation to Child _____

Home _____ Cell _____ Work _____

Are they aware we might call? Yes _____ No _____

IN CASE OF AN IMMEDIATE MEDICAL EMERGENCY, I GIVE MY PERMISSION FOR MY CHILD TO BE TAKEN TO _____ HOSPITAL.

Physician's Name _____ Phone _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____