

Medical Information

Name of Camper _____

Allergies List all known. Describe reaction and management of the reaction. Include insect stings, asthma, etc.

Medication allergies (list)	Food allergies (list)	Other allergies (list)
_____	_____	_____
_____	_____	_____

Does your child require administration of any prescribed medication in the event of an allergic reaction?
YES NO

If yes, please describe reaction and management:

Does your child require administration of any prescribed medication in the event of any other type of medical emergency? YES NO

If yes please describe reaction and management:

Medications Being Taken

Please list ALL medication (including over-the-counter or non-prescription drugs) taken routinely. It is your responsibility to notify camp staff if there are changes in the prescribed medications your child is taking. At no time will any camp employees administer medication to your child, unless authorized for emergency purposes according to the Emergency Medical Plan.

If your child requires any medication during summer camp, you will be responsible for administration of those medications. Additionally, no medications will be maintained on site by Summer Camp employees unless authorized by Principal.

My child takes NO medications on a routine basis. _____

My child take medication as follows: _____

Med #1 _____ Dosage _____ Specific time _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific time _____

Reason for taking _____

Immunization

To participate in the SES Summer Camp program, all children must be immunized according to the guidelines set by the Department of Health and Hospitals.

Is your child currently immunized according to the Department of Health and Hospitals guidelines for your child's age? YES NO

Permission to Provide Necessary Treatment or Emergency Care:

In the event of a medical emergency requiring more than basic first aid, I understand that all attempts to contact me will be made. I also understand that in order to obtain the quickest medical treatment for my child, SES camp staff will contact EMS.

Parent/Guardian Authorizations: This Emergency Medical Plan is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Print name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____