Inside Out Nature Centre

Summer Camp Medical Form

Does this child have any allergies? Either to food or other? \_Yes \_No

If yes, does this child carry an Epi-Pen or equivalent, or other allergy medications?

Does this child have any food restrictions? (Lactose-intolerant, vegetarian, etc) \_Yes \_No

If yes, please specify:

Has your child been immunized against preventable diseases Measles, Mumps,

 Whooping- cough & Rubella? \_Yes \_No

Any other medications or health conditions/concerns that our staff should be aware of? \_Yes \_No

If yes, please specify and explain:

Does this child have any other medical conditions? \_Yes \_No

If yes, please explain:

Do you give Inside Out Nature Centre staff permission to give Advil, Tylenol or

equivalent for small concerns like, headaches? \_Yes \_No

Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_