

**CAMP WOTEKI
HEALTH HISTORY AND MEDICAL RELEASE**

DO NOT MAIL - COMPLETED, SIGNED FORM MUST ACCOMPANY CAMPER ON FIRST DAY OF CAMP WHEN MEETING BUS/CARPOOL OR UPON ARRIVAL AT CAMP WITH PARENT

Camper's Name _____ Date of Birth _____

Address _____

Name of Parent(s)/Legal Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of relatives or friends whom you authorize to act on your behalf in the event that you cannot be reached:

Name _____ Home Phone _____ Work Phone _____

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Has the camper been under physician's care for any chronic or long-term illness? Please explain:

List recent operations or serious injuries (include year of operation or injury):

Does the camper have any known allergies? Please name:

Food _____ Plants _____

Drugs _____ Insects _____

Other _____

Explain reaction & note medication, if given:

Does the camper exhibit any of the following:

_____ Sleepwalking _____ Convulsions _____ Hyperactivity
_____ Bedwetting _____ Asthma _____ Attn. Def. Disorder (ADD/ADHD)

Explain to what degree: _____

Are all immunizations & boosters current? _____ yes _____ no

What year was the camper's last Tetanus? _____

Is the camper bringing medication, of any kind, to camp? _____ yes _____ no

Medication (includes vitamins)	dosage	X here if only as needed	mark best time(s) for taking medication while at camp			
			breakfast 8:00 am	lunch 12:30 pm	dinner 5:30 pm	bedtime 9:00-9:30 pm

*Note: Medication will only be administered by the Camp Nurse, Medical Technician, or Camp Directors. All medication is preferred to be in original containers with dosage information or bubble packed into daily dosages by your local pharmacy.

Are there other medical, social, or behavioral concerns of the camper that the Camp Directors should be aware of? Please explain, using another sheet of paper if necessary. _____

PLEASE TURN OVER - SIGNATURES REQUIRED

