

## Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks

## Child's Medical & Developmental History

- Does your child have any special medical conditions?  No  Yes Explain \_\_\_\_\_
- Does your child have diabetes?  No  Yes *If yes, please attach care instructions from your physician.*
- Does your child have asthma?  No  Yes *If yes, please attach care instructions from your physician.*
- Will medication be administered regularly?  No  Yes *If yes, please attach care instructions from your physician.*
- Does your child have any special dietary needs?  No  Yes Explain  
\_\_\_\_\_
- Is your child able to fully participate in all activities?  Yes  No Explain  
\_\_\_\_\_
- Does your child have any physical restrictions?  No  Yes Explain  
\_\_\_\_\_
- Does your child function at the level of other children in his/her age group?  Yes  No Explain  
\_\_\_\_\_
- Can your child communicate his/her needs?  Yes  No
- Does your child need assistance at meal time?  No  Yes Explain
- Does your child use any special equipment, such as a breathing machine, wheelchair, hearing aid, braces, glasses etc.?  No  Yes Explain  
\_\_\_\_\_
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time?  No  Yes Explain  
\_\_\_\_\_
- Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?  No  Yes Explain

### Allergies (please list)

Medication Allergies	Reaction	Food Allergies	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
_____	_____	_____	_____
Other Allergies	Reaction	Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

Please attach care instructions from your physician for any life-threatening allergies.

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information (continued)

Child's name	Birth date
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### Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State
Preferred hospital/clinic for emergency care	City	State

### Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
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### Additional Medical Policies

	<b>Initial</b>
1. I agree to provide information to the camp management about my child's conditions, illnesses, allergies or other needs.	_____
2. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	_____
3. I will not send a child who is vomiting or has diarrhea or a fever to camp until symptoms have resolved for 24 hours without the aid of medication. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .	_____

### Emergency Medical Authorization & Consent

	<b>Initial</b>
In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> .	_____
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	_____
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	_____
In case of a medical emergency, I will be responsible for the emergency medical expenses.	_____
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	_____

Does your child have any behavioral, emotional, or learning differences that we should be prepared to support while your child is at camp? Please explain.

If your child is struggling with behavior or emotional regulation, what are some things that we might be able to do to support them?

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_