

Nature Camp Counselor Health History

Tauxemont Cooperative Preschool, 7719 Fort Hunt Road, Alexandria, Virginia 22308

PLEASE COMPLETE IN DETAIL (by Parent/Guardian if counselor is under 18 years of age).

Counselor's Name _____ Female _____ Male _____
Phone Number _____

Address _____
City _____ State _____ Zip Code _____
Counselor's Birth Date _____ Age _____

Emergency contact:

Name/Relationship _____ Phone: Day _____
Name/Relationship _____ Phone: Day _____

Health History

Please list all allergies including Drug/Food/Animal/Plant. Use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions, if applicable (or N/A if not applicable)

Date of Tetanus shot _____ Are other immunizations up-to-date? ___ Yes ___ No

If no, please state reason _____

Weight (used to determine medicinal dosages) _____

Medicines being taken: _____

Special needs: ___ Dietary ___ Physical ___ Emotional ___ Learning ___ ADD/ADHD
___ Sensory ___ Other

Please provide comments where applicable.

List participation restrictions _____

Family Physician _____ Phone (_____) _____

Health Insurance Company _____ Policy # _____

The health history above is correct as far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted.

Signature: _____ Date _____

Medical Authorization and Release: Should my child sustain or incur any accident or illness while attending programs sponsored by the Nature Camp at Tauxemont Cooperative Preschool, and attempts to contact myself or emergency contacts fail, I hereby authorize a Nature Camp at Tauxemont Cooperative Preschool director to execute all documents on my behalf including necessary releases, which might be required by a medical facility to perform emergency care.

Photo Release: I understand that Nature Camp at Tauxemont Cooperative Preschool may use photographs and/or videotapes of my child for public relations.

The above counselor may be given (circle all applicable): Oral Benadryl Topical Benadryl
Tylenol Neosporin Ibuprofen Sun Screen

Signature: _____ Date _____