

Nature Camp Counselor Health History 2022

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 _____ Dates of COVID – 19 vaccines _____

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 _____

(Parent or Guardian if counselor is under 18 years of age)

Medical Authorization and Release: Should the above counselor sustain or incur any accident or illness while volunteering at programs sponsored by Nature Camp at Tauxemont Cooperative Preschool, and attempts to contact the emergency contacts above 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. Initial: _____

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

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

Signature: _____ Date _____

(Parent or Guardian if counselor is under 18 years of age)