



## 2025 Summer Enrichment Camp Medical Information Form

Please fill out this form completely to ensure the safety and well-being of your child during their time at camp.

### Child's Information:

- Full Name: \_\_\_\_\_
- Date of Birth (MM/DD/YYYY): \_\_\_\_\_
- Age: \_\_\_\_\_
- Gender: \_\_\_\_\_

### Parent/Guardian Information:

- Parent/Guardian Name: \_\_\_\_\_
  - Primary Phone: \_\_\_\_\_
  - Secondary Phone: \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Home Address: \_\_\_\_\_
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### Emergency Contact Information:

In case we are unable to reach you, please provide an additional emergency contact.

- Emergency Contact Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Alternate Phone: \_\_\_\_\_

### Medical Information:

- Physician's Name: \_\_\_\_\_
- Physician's Phone: \_\_\_\_\_
- Insurance Provider (if applicable): \_\_\_\_\_
- Policy Number: \_\_\_\_\_

**Health Conditions:**

Does your child have any of the following? **(Check all that apply)**

- Asthma
- Allergies (Please specify: \_\_\_\_\_)
- Diabetes
- Seizure Disorders
- ADHD/ADD
- Heart Conditions
- Physical Disabilities (Please specify: \_\_\_\_\_)
- Other Medical Conditions (Please specify: \_\_\_\_\_)

**Allergies:**

- **Food Allergies:** \_\_\_\_\_
- **Medication Allergies:** \_\_\_\_\_
- **Other Allergies:** \_\_\_\_\_

**Dietary Restrictions:**

- Does your child have any dietary restrictions?
  - Yes
  - No
  - If yes, please specify: \_\_\_\_\_

**Medications:**

Is your child currently taking any medications?

- Yes
- No
  - If yes, please list all medications below:
- **Medication Name:** \_\_\_\_\_
  - **Dosage/Time:** \_\_\_\_\_
  - **Reason for Medication:** \_\_\_\_\_
- **Medication Name:** \_\_\_\_\_
  - **Dosage/Time:** \_\_\_\_\_
  - **Reason for Medication:** \_\_\_\_\_

**Authorization to Administer Medication:**

I authorize the camp staff to administer the medication(s) listed above as per the instructions provided.

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

**Special Needs or Accommodations:**

Does your child require any special accommodations or assistance due to a medical condition, disability, or other factors?

- Yes
- No  
If yes, please specify: \_\_\_\_\_

**Immunizations:**

Has your child received all required vaccinations?

- Yes
- No

Please attach a copy of your child's updated immunization record (required by camp policy).

**Consent to Treat:**

In the event of a medical emergency, I give my permission for camp staff to seek medical treatment for my child, including but not limited to first aid treatment and transportation to the nearest hospital or medical facility.

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

**Additional Notes:**

Please provide any additional medical information or notes that we should be aware of:

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**Please return this form to camp staff no later than June 12, 2025.**

This form ensures the safety and well-being of all camp participants.