

EMERGENCY AND MEDICAL INFORMATION

Students Full Legal Name: _____ Date: _____

Date of Birth: _____

Does your child have any known allergies or other health conditions? Yes No

If yes, please describe:

Does your child have any physical handicaps or other conditions that might affect his or her school work, including physical education? Yes No

If yes, please describe:

Does your child have any evidence of hearing or vision difficulties? Yes No

If yes, please describe:

Does your child take any prescription medications? Yes No

If yes, please name the medications:

Will these be administered during school hours? Yes No

Family Doctor: _____ Phone: _____

Preferred Hospital: _____

Health Insurance Company: _____

Action Plan and Permission to Administer Medication form filled out? Yes No

Please note that if your child has medication they require to take during summer camp you will need to fill out the Permission to Administer Medication form. All medication has to be turned into staff to be locked up for health and safety reasons.

If your child needs to carry and/or leave an epi-pen or inhaler in the classroom an action plan will need to be filled out as well.

Parent/Guardian Signature: _____ Date: _____