

## HEALTH INFORMATION FORM

The following information must be filled out **COMPLETELY** and signed by a parent. Please complete **ALL SECTIONS**.

Health Record for

(Camper's name) \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

**Medications:** Since medications often change, we will not have you list medications at this time. Please bring medications (over-the-counter, herbal, or prescription) taken routinely with current instructions. You will give these medications to the nurse during check-in on the first day of your camp. Bring enough to last the entire time at camp. **You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency (state law!) or it will not be accepted.** All meds must be given to the nurse.

**Health Center Medications:** These medications are stocked at Camp Allendale, used to help manage common illness or injury, and dispensed by standing orders signed by Allendale's supervising physician. Some meds are listed as common brand names, though generic may be substituted.

Acetaminophen	Hydrocortisone	Throat Lozenges	Expectorant
Robitussen DM	Tums	Immodium AD	Triple Antibiotic Ointment
Benadryl	Ibuprofen	Milk of Magnesia	

Check one:  It is okay to give any of these meds to this camper

Do NOT give these meds (from above list): \_\_\_\_\_

### **Medical conditions or history to be aware of and please describe:**

\*\*\*Nothing checked indicates the camper has no medical conditions & is capable of full participation

- Heart disease \_\_\_\_\_
- ADD/ADHD \_\_\_\_\_
- Asthma or TB \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Active infections \_\_\_\_\_
- Hepatitis \_\_\_\_\_
- Clotting disorder \_\_\_\_\_
- Seizures \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Other \_\_\_\_\_

**Immunization Record:** Has your child received vaccinations required by the state of Indiana for school including: diphtheria, pertussis, tetanus, measles, rubella, poliomyelitis, mumps, hepatitis B, chicken pox, varicella, and meningitis (grades 6-12)?

Circle one:

YES NO

**Date** of last tetanus booster? \_\_\_\_\_