



Day Camp Health History Child Form

This sheet must accompany every child participant to camp check-in on the first day of camp.

Child's Name		DOB	
Address	City	State	Zip
Phone	Cell		
Parent's Name			

Health History

Please note any health conditions or problems that should be considered in her activities.

Wears glasses/contact lenses	Date of last Tetanus Shot		
Diabetes	Allergies		
Convulsions	Other (specify)		
Kidney/bladder problems	Date of last health exam		
Asthma	Additional medical info:		
Dental retainer			
Ear infection	Prescribed medications:		
Heart disease			
She has had:			
Chicken pox		Measles	
Mumps		German measles	
Explain mental health considerations:			
Will girl be responsible for and hold her own Epi-Pen or rescue inhaler? YES NO			

Medical Care

Camp volunteers will provide basic medical care under their scope of training through First Aid and CPR. These over-the-counter medications can be administered to my camper by the Day Camp Director or designated day camp volunteer (check all medications you permit):

- | | | |
|---|--|---|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Robitussin/expectorant |
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Antacids |
| <input type="checkbox"/> Sudafed | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Swimmer's Ear Solution |
| <input type="checkbox"/> Anti-Itch (Hydrocortisone) | <input type="checkbox"/> Eye drops | <input type="checkbox"/> Cough drops |

Non Camp Participant Emergency Contact:

Name		Relationship	
Phone Day	Evening	Cell	
Family physician		Phone	

I hereby authorize Day Camp adult volunteers to obtain needed emergency medical treatment for my daughter from the nearest licensed emergency facility or personal physician.

Parent/Guardian Signature	Date
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I also give GSMW permission to use photographs of my girl for Girl Scout publicity. Yes No