

Wayfinder Experience Medical Form



Privacy: This information is needed to alert camp administration of the medical needs of the camp population. It will be treated as confidential medical information, and will be given to appropriate medical service providers in case of an emergency. Failure to provide this information will result in the camper not being allowed to attend camp.

Identifying/ Emergency information

Camper Name (Last, First, MI)	Birth Date	Age	Sex (circle): F M
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Parent/Guardian Name(s):	Home Telephone #: ()
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Alternate Telephone #s (cell, work, etc.): ()	()
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Home address

County	City	State	Zip
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Health Insurance Company:	Policy Number:
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Who to contact if you are not available:	Name:	Telephone # ()
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Medical Information

Continuing conditions: Asthma Diabetes Sleepwalking Other(s) _____

Allergies (list all food and drug allergies):

Has the camper been ill within the three weeks prior to camp: (please explain)

Medications to be taken at camp (Name/Dosage)

Please provide medications in their **ORIGINAL CONTAINERS** with prescription and instructions attached. Please include situational medications such as inhalers and epi-pens in this list.

Please attach a copy of your child's immunization records or fill out the following section:

Immunization History (check and give dates) *Most kids get 2 MMR shots instead of individual shots. Please include all dates for series shots, such as Hep B and DPT series.*

- Tetanus __/__/__ Mumps __/__/__ Polio __/__/__ Measles __/__/__ Chicken pox __/__/__
 Rubella __/__/__ DPT series __/__/__ Hepatitis B __/__/__ Meningitis __/__/__ Flu __/__/__

I (print parent/guardian name here) _____ give the Wayfinder Experience Health and Wellness supervisor permission to give my child the following medications in accordance to our physician's standing orders (please check yes or no):

- Tylenol: Yes No Pepto Bismol: Yes No Ibuprofen: Yes No Antacids: Yes No
 Benadryl: Yes No Imodium: Yes No Cough Syrup: Yes No

Additional comments/ concerns: (Use the back of this form if more room is needed)

Parent/Guardian (sign and date)

This form shall remain effective from _____ until _____, unless another health form containing changes is presented.