

PLEASE USE A SEPARATE CARD FOR EACH CAMPER ENROLLED

Camper Name _____ Family Name _____

Primary Home Phone Number: _____ [Is this a cell phone? YES NO]

Parent/Guardian #1 Name _____ WK Phone _____ Cell _____

Parent/Guardian #2 Name _____ WK Phone _____ Cell _____

Emergency Contacts (Other than Parents/Guardians)*MUST BE A LOCAL CONTACT

Name & Relationship (to child)	Home Phone	Phones
1.		Work:
		Cell:
2.		Work:
		Cell:

PLEASE NOTE: Any person listed as a contact above may be called & can pick up unless we are otherwise instructed.

The following additional individuals may pick up my child at any time

Health History Update (use a separate sheet if necessary)

List any serious illness, operation, injury, broken bones or newly diagnosed condition such as asthma, diabetes etc.

List SPECIAL HEALTH PROBLEMS or PHYSICAL LIMITATION the camp needs to be aware of:

List all ALLERGIES (bee sting, medication, food, seasonal, other): _____

LIST ANY ALLERGIES THAT ARE LIFE THREATENING: _____

List all medication(s) and dosage(s) your child is taking: **[Note if any will be given during camp hours]**

By signing this, I understand that campers are NOT permitted to carry any medications at camp except inhalers & epi pens and only those with physician permission. Medications listed below are supplied by the camp and can be administered with written permission by a parent/guardian. For medications other than those I indicate below, I acknowledge that I will need to supply the medication in its original container & a written doctor's note along with a parent/guardian signature.

MEDICATION (Please indicate yes or no for each)	YES	NO
Children's or Junior Acetaminophen ("Tylenol") (This will be in a liquid or chewable tablet form)		
Children's or Junior Ibuprofen ("Advil") (This will be in a liquid or chewable tablet form)		
Adult Acetaminophen 325 mg ("Tylenol") (must be able to swallow pills)		
Adult Ibuprofen ("Advil") (must be able to swallow pills)		
Antacid ("Tums")		
Anti-Itch Cream		

Parent/Guardian Signature: _____ Date: _____

*You must sign in order for the medication to be given. We cannot accept approval over the phone.

HELLO PARENT/GUARDIAN,

Attached is the Emergency Card for your child. A few things to note:

1. You must complete a separate card for each child.
2. You must sign and date the card.
3. All information must be completed to the best of your knowledge.
4. Campers may NOT carry any prescription or non-prescription medications with them, including, but not limited to, cough/throat drops. Rescue inhalers may be carried by the student with express permission by a physician.
5. All medications, inhalers, epi pens or other medical supplies will be maintained in the camp office. It is suggested that campers who require inhalers and are allowed to keep the inhaler on their person, provide the camp with 2 inhalers, one to keep with the student and the other for the camp office.

If your child requires medication during the camp day which is not listed on the emergency card, a medical authorization form signed by a physician and signed by the parent/guardian must be sent to camp with the medication IN IT'S ORIGINAL PACKAGING. Please do not send pills, etc. in a ziplock bag. This includes both prescription and non-prescription medication.

Rescue Inhalers and Epi Pens must also come in their original packaging with the prescription clearly labeled on the packaging so that we can ensure that the right student receives the right medication.

If you have any questions or concerns about this Emergency Card, please contact the school office at 238-8590.

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9. Campers may NOT carry any prescription or non-prescription medications with them, including, but not limited to, cough/throat drops. Rescue inhalers may be carried by the camper with express permission by a physician.
10. All medications, inhalers, epi pens or other medical supplies will be maintained in the school office. It is suggested that campers who require inhalers and are allowed to keep the inhaler on their person, provide the camp with 2 inhalers, one to keep with the student and the other for the camp office.

If your child requires medication during the school day which is not listed on the emergency card, a medical authorization form signed by a physician and signed by the parent/guardian must be sent to camp with the medication IN IT'S ORIGINAL PACKAGING. Please do not send pills, etc. in a ziplock bag. This includes both prescription and non-prescription medication.

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