Medical Emergency Information

Camper Information

Child's Name: _____ Birthdate: _____ Sex: _____

Address: _____ City: _____ Zip code: _____

Medical Information

Medical Insurance Company: _____ Policy #:_____

Doctor's Name: _____ Doctor's City: _____ Doctor's Phone: _____

Any allergies (circle one)? YES NO If yes, please list with explanation of reaction: _____

_____

Any medication taken regularly (circle one)? YES NO If yes, please list with dosage and schedule:

_____

_____

Any other medical concerns or activity restrictions? _____

COMPLETE THE FOLLOWING ONLY IF YOUR CHILD TAKES MEDICATION DURING CAMP.

The child named above will be taking medication while at camp. Cameron Park Community Services District has my permission to counsel camp staff regarding the possible effects of the medication on my child. I will not hold Cameron Park Community Services District or its employees responsible if my child refuses to take the medication.

Parent's/Guardian's Signature: _____ Date: _____

1. Medication Name: _____ Reason for Medication: _____

Dosage: _____ Time to be Taken: _____ If "as needed" how often may it be taken? _____

2. Medication Name: _____ Reason for Medication: _____

Dosage: _____ Time to be Taken: _____ If "as needed" how often may it be taken? _____

3. Medication Name: _____ Reason for Medication: _____

Dosage: _____ Time to be Taken: _____ If "as needed" how often may it be taken? _____