

Camp Medical Form

THIS FORM IS TO BE FILLED OUT FOR EACH CAMPER ENROLLING IN CAMP.

PLEASE PRINT LEGIBLY.

Child's Name:	Date of Birth:
Parent/ Guardian:	
Phone:	Alt. Phone:

OPTIONAL MEDICAL INFORMATION

List any medical concerns that might affect your child's ability to participate and/ or information you wish us to pass on to Emergency Medical Services or hospital staff in case of an emergency.

PLEASE COMPLETE THIS SECTION IF YOU ARE PROVIDING PRESCRIPTION OR OVER THE COUNTER MEDICATION(S).

(1) MEDICATION:	DOSAGE:	TIME TO TAKE:
SIDE EFFECTS/ CONCERNS:		
PRESCRIBING DOCTOR:		DOCTOR PHONE NUMBER:
(2) MEDICATION:	DOSAGE:	TIME TO TAKE:
SIDE EFFECTS/ CONCERNS:		
PRESCRIBING DOCTOR:		DOCTOR PHONE NUMBER:
(3) MEDICATION:	DOSAGE:	TIME TO TAKE:
SIDE EFFECTS/ CONCERNS:		
PRESCRIBING DOCTOR:		DOCTOR PHONE NUMBER:

I GIVE PERMISSION TO THE STAFF OF THE HANAHAN RECREATION AND PARKS TEAM TO ADMINISTER THE MEDICATIONS LISTED ABOVE TO MY CHILD/ MINOR.

NAME

DATE