

**VRAJ YOUTH CAMP**  
**Health Information Form**

**TO BE COMPLETED BY PARENT**

(This form is to be mailed to Camp Registrar with part II Registration form)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Registration No. \_\_\_\_\_

If your child has allergies (such as bee sting, food or other miscellaneous allergies) or other medical condition like asthma, Diabetes, ADHD, we would like to know. For some children, this can be a serious problem. Please help us understand your child's situation and to have the most current health information on your child by completing and returning this form to us.

1. What your child allergic is to/ what medical condition he/she has? Please check all that apply.

Drug \_\_\_\_ Food \_\_\_\_ Seasonal \_\_\_\_ Bee sting/insect \_\_\_\_ Any other \_\_\_\_\_

Please specify: \_\_\_\_\_

2. Does your child take any medication for this allergy/condition? (Check all that applies)

Daily \_\_\_\_ As needed \_\_\_\_ No medication is needed \_\_\_\_

Please list medication(s), dosage and frequency, including emergency medicine child carries:

3. Is there a need to keep medication at camp? \_\_\_\_\_ Yes \_\_\_\_ No

4. Are there any limitations/ restrictions of physical activities at camp due to allergies/condition?

Yes \_\_\_\_ No \_\_\_\_, Please specify if yes \_\_\_\_\_

6. What are the symptoms your child exhibits when having an allergic reaction/medical condition?

7. Has your child ever been hospitalized, gone to the emergency room, or visited the doctor due to an allergic reaction?

Yes \_\_\_\_ No \_\_\_\_, if yes, please explain: \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child to receive the above medication as directed.

I understand that food may be cross-contaminated. Vraj camp has no physician and is located in rural Pennsylvania with Emergency facility approximately 45 minutes away. My child is trained (if he/she is prescribed) to administer all regular and emergency medications, including Epipen, without any adult supervision.

I will send all his regular and emergency medication with him to Vraj Camp.

\_\_\_\_\_  
Printed Name of parent/guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Contact numbers: \_\_\_\_\_