

VRAJ YOUTH CAMP
Health Information Form

TO BE COMPLETED BY PARENT (if under 18)

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

Counselor'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: _____