

Adventure Camp Health Form

For the safety and protection of your children, please complete the information as accurately as possible.

Child's Name _____ Birthdate _____ Age _____ Sex _____ Parent/Guardian Name _____

Home Address _____
Street City State Zip Phone Work Phone

Email Address: _____

Emergency Contact: _____
Name (other than parent) Relationship Phone Work Phone

Family Physician: _____
Name Street City State Zip Phone

Does your child have a history of (please check). If yes, please describe in space provided.

	Yes	No		Yes	No
Allergies _____	___	___	Diabetes _____	___	___
Blood Conditions _____	___	___	Asthma _____	___	___
Bed Wetting _____	___	___	Seizures/Convulsions _____	___	___
Homesickness _____	___	___	Heart Condition _____	___	___
Dietary Restrictions _____	___	___	Back Ailments _____	___	___

In the event of a minor injury or illness, may we administer topical medicines (bee sting ointment, antiseptic, etc.) and/or Benadryl for allergic reaction, Tylenol for aches and pains, and antacids for heartburn or upset stomach?

Yes ___ No ___

Date of most recent Tetnus booster _____

For adolescent females: If this child has not menstruated, has she been told about it? Yes ___ No ___

Any operations/serious injuries/limitations not mentioned above, or any other information it would be helpful for staff to know?
___ No If Yes, please explain _____

PARENTAL PERMISSION AND CONSENT (MUST BE COMPLETED FOR CHILD PARTICIPATION IN CAMP): This history is correct and I give permission for _____ to participate in Great Valley Nature Center's Summer Camp. I understand that I will be contacted in case of sickness or accident. If I am unavailable for purposes of providing parental consent, I hereby authorize permission for Great Valley Nature Center and its staff to take my minor son/daughter to the nearest hospital for routine diagnostic procedures and medical treatment in case of an emergency.

I understand that I will be contacted during my child's examination in the emergency department when possible. If I am not available, please contact the physician listed on this form.

I give permission for the Great Valley Nature Center's staff to provide first aid treatment in accordance with physician approved First Aid protocols.

A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Parent/Guardian

Date

PRESCRIPTION/NON-PRESCRIPTION MEDICINE (Parental Request)

Medication will be made available in accordance with the direction of a parent or family physician to a participant during program hours only when failure to take such medication would jeopardize the health of the participant and/or the participant would not be able to attend the program if the medicine were not made available during the program.

I hereby request and authorize Great Valley Nature Center and its staff to store and make available to my child the medication indicated below:

IT IS NECESSARY THAT _____ RECEIVE THE FOLLOWING MEDICATION DURING THE GREAT VALLEY NATURE CENTER'S SUMMER CAMP PROGRAM. PLEASE STORE AND MAKE AVAILABLE THE MEDICINE ACCORDING TO THE INSTRUCTIONS STATED BELOW:

MEDICATION: _____
Medication Name Dosage Times to be taken

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Medication Name Dosage Times to be taken