Theatre at St. Michael's
Camp Health Form

REQUIRED INFORMATION. COMPLETE IN FULL.

Camper's Name:_____ Date of Birth_____Grade_____

Local Address_____

Parent Contact:_____
Name(s) Relationship to student Best phone #

Emergency Contact:_____
Name Relationship to student Best phone #

Does your child have any health issues that will require treatment during, or may affect their camp experience:

_____

MEDICATIONS

Does your child currently take medication, including inhalers, at home? Yes____ No____

Please list medications and reason for taking_____

Is there any medication that must be taken during camp hours? Yes____ No____ ***If yes, please contact Christina Johnston to review needed forms and permissions.*** No Camp Staff members are permitted to administer or assist campers with routine medications during camp (including Tylenol, ibuprofen, cough drops and other over the counter medications). Staff are trained to assist with Emergency medications such as Epi pens, inhalers, glucagon and insulin ONLY, in accordance with state regulations. Emergency medications may be student carried and self administered, if physician approved, ordered, and written into the Emergency Action Plan.

ALLERGIES

Please list any ***known allergies, severity of reaction, and required treatments*** (including bee/insect stings, medications, environmental irritants, foods, etc.):_____

All severe allergic reactions requiring Epinephrine will need an Emergency Health Care Plan and medication at camp, please contact Christina Johnston.

PEDIATRICIAN: Name_____ Phone_____

MEDICAL INSURANCE INFORMATION: Provider: _____ ID/Policy #_____

***** REQUIRED: Please submit a current copy (within 12 months) of your child's most recent physical exam and complete immunization record, in addition to this form, prior to the start of camp. All immunizations must meet RIDOH requirements. If your child has severe allergies, asthma, or chronic illness that will require emergency medications, you must also submit Emergency Action Plans provided by your child's pediatrician.**

I/We are aware that there are risks inherent in any activity in attending camp and hereby consent to my/our child's involvement in the camp. I/We voluntarily assume responsibility for risks of loss, property damage, sickness or personal injury, which might occur in relation to camp attendance.

Parent/Guardian Signature_____ Date_____