

Girls Incorporated of Worcester

Camp Kinneywood

Medical Form

Child's Name: _____ DOB: _____

Allergies: Check all that apply:

Animals(specify)_____ Food(specify)_____ Plants(specify)_____

Insect stings(specify)_____ What does the reaction look like? _____

Medications_____ Other(specify)_____

Health Conditions: Check all that apply

Emotional Disturbances_____ Wears glasses_____ Fainting_____

Nose Bleeds_____ Hearing Loss_____ Special Dietary Needs _____

Tubes in Ears_____ Attends Counseling_____ Other(specify): _____

Medications:

Is your child currently on any medication* Y _____ N _____

If yes, for what reason(s)? _____ (please use back if needed)

Child's Pediatrician: _____ Tel: _____

Comments:

Please explain any of the above checked health conditions. (All information is both confidential and helpful to the adult in charge of your child.) :

Specific activities to be encouraged: _____

Restricted: _____

My child may participate in all activities except those noted above. I give the camp director and staff permission to secure medical treatment and or hospital care for my child in case of an emergency.

Parent Signature

Date

♦If a camper brings medication from home; it must be accompanied by written authorization to be administered. The medication must have written directions from the Physician and Parent. All meds must be in the original container. If we do not have this permission and authorization, we cannot administer the medication under State Regulations.

This form must accompany your child's registration form for camp. Registration will not complete and your child will not be allowed to attend camp without this completed health form and a copy of your child's most recent and up to date Immunization record.

