Green S.T.E.M. Girls: Conserving Natural Resources
Summer Academy 2016
Medical Information Form

Medical Background for:_____
(first name) (last name)

Does child have physical restrictions/limitations? ____ yes ____ no If yes, what:_____

Is your child subject to seizures? ____ yes ____ no Type: _____ Frequency: _____

Other Special Conditions: _____

Allergies to drugs, foods, insects? ____ yes ____ no If yes, what?_____

Is child on a special diet? ____ yes ____ no If yes, please explain:_____

Is child taking medication:____ yes ____ no

Medical Insurance Company for child: _____

Insurance Policy Phone: _____ Policy Number: _____

Other than information included on this form, are there other things emergency personnel need to know about your child before treating or transporting? _____

_____

I give permission for my child, _____, to have his/her oral medication administered to him/her during camp hours by a Camp staff person.

Medication must be provided in its original container from pharmacy with dosage amount, directions, and prescribing physician name. If not, medication will not be administered.

Medication	*Dosage*	*Time*
*1.*_____	*1.*_____	*1.* _____
*2.*_____	*2.*_____	*2.* _____
*3.*_____	*3.*_____	*3.* _____

Special Instructions for administering medication:

_____

_____

_____

_____

Camper's Parent/Guardian _____ Date_____