

Camp Kiwi
P.O. Box 435
Mahopac, NY 10541

Camp Medical Form

**PARENT AND/OR GUARDIAN MUST COMPLETE THIS SIDE OF FORM
YOUR PHYSICIAN MUST COMPLETE THE BACK & ATTACH CURRENT VACCINATION RECORD**

Child's Name: (please *print*): _____

Significant Health History (i.e. diabetes, seizures, heart disease, etc.):

Allergies (foods, drugs, plants, insects, etc.):

Does your child require an epi-pen: Yes* No

**If "yes" complete "Epi-Pen Information and Agreement" form.*

Emotional concerns (explain):

Operations or serious injuries (explain with dates):

Disability or chronic or recurring illness:

Any specific activities to be limited by physician's advice: Yes* No *If "yes", attach letter of explanation.

Dietary modifications (if so, attach letter of explanation):

Current medication(s)*:

**If your child requires medication while at camp, please complete Medication Consent Form.*

Tylenol, Motrin or Benadryl may be dispensed by designated personnel, as needed according to standard dosage. If you DO NOT wish to authorize Tylenol, Motrin, and/or Benadryl, notify us in writing in the space below:

If we need to reach you or a representative for your child, we will use the contacts you have provided on your child's registration form.

Parent Signature: _____

Date: _____

TO BE COMPLETED BY PHYSICIAN

Child's Name: (please *print*) _____ Date examined: _____

Please attach immunization records here & complete rest of the form

Significant medical history (including seizures, surgeries, loss of consciousness, etc.):

Allergies (foods, drugs, plants, insects, etc.):

Epi-Pen needed? Yes No (If yes, please sign the Epi-Pen Information and Agreement Form)

Emotional health concern (ADD, ADHD, phobias, etc.):

Child is under the care of a physician for the following condition (physical and/or behavioral):

Current treatment (include current medication):

Any prescribed medication to be administered during the day: Yes No

(If yes, please sign the Medication Consent Form)

Any physical restrictions (if so, describe):

Tylenol, Motrin or Benadryl may be dispensed by designated personnel, as needed according to standard dosage. If you DO NOT wish to authorize Tylenol, Motrin, and/or Benadryl, notify us in writing in the space below:

MD Name (please *print*): _____ Phone: _____

MD Signature: _____ Date: _____