



2019 SUMMER PROGRAM HEALTH INFORMATION

Enter the Start date of your Session

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to Wildwood upon participant's arrival at camp. Provide complete information so that we can be aware of your campers needs.

Name _____ Birth date _____ Grade Fall 2019 _____
First Middle Last

Home Address _____
Street Address City State Zip

Gender: Male Female *Needed for cabin assignments and camper health care.*

Race: African American Asian American Caucasian Hispanic Not listed(specify) _____
Helps us ensure we are providing access to our camp community for all youth.

Custodial Parent/Guardian _____

Home Address _____
(if different from above) Street Address City State Zip

Cell Phone _____ Home Phone _____ Work Phone _____

Second Parent/Guardian _____

Address _____
Street Address City State Zip

Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Cell Phone _____

Relationship to camper _____ Home Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

When was the camper's last tetanus shot? Month _____ Year _____	Are all immunizations required for school current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Can non-aspirin pain medication be given to your child _____ Preference? (Acetaminophen or Ibuprofen) _____
Can stomach relief (such as an antacid) be given? _____ Can Allergy Medication (such as Benadryl) be given? _____

ALLERGIES List all known.

Describe reaction and management of the reaction.

Medication allergies

_____	_____
_____	_____

Food Allergies

_____	_____
_____	_____

Other allergies—include insect stings, hay fever, asthma, animal dander, etc.

_____	_____
_____	_____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes medications as follows:	OR	This person takes NO medications on a routine basis.
Med #1 _____ Dosage _____		Specific times taken each day _____
Reason for taking _____		
Med #2 _____ Dosage _____		Specific times taken each day _____
Reason for taking _____		
Attach additional pages for more medications.		
Identify any medications taken during the school year that participant does/may not take during the summer. _____		

Describe past medical treatment (Attach additional sheets if needed) _____

Describe any current health conditions (physical, mental, emotional, social developmental or psychological) requiring medication, treatment, or special consideration while at camp. _____

RESTRICTIONS (The following restrictions apply to this individual.)

Dietary : Red meat Pork Dairy Products Poultry Seafood Eggs Other (describe) _____

Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary)

Is this your child's first time away from home? _____

Use this space to provide any additional information about the camper of which the camp should be aware:

Name of family physician _____ Phone _____
Address _____

Important - This box must be complete for attendance

Parent/Guardian Authorizations: All reported information regarding my child is correct to the best of my knowledge. I have read the Camp information and give my permission for my child to engage in all learning and recreational activities and trips at Wildwood, except as noted by me on this form. Further, I understand that some trips may be away from Wildwood's main facility. I agree to hold the Wildwood Outdoor Education Center, Inc., its employees, officers, directors and agents, harmless for any accident, injury and/or accident, which may occur in this program.

I also give my permission for the Wildwood Outdoor Education Center to use any photographs or videos taken of my child for promotional purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. In the event I cannot be reached in case of an emergency, I hereby consent that the physician selected by the Wildwood Outdoor Education Center may hospitalize and secure proper treatment for my child, including, without limitation, order injection, anesthesia or surgery for my child as named above. I release and hold the Wildwood Outdoor Education Center, Inc., its employees, officers, directors, and agents harmless from any injury or accident to my child which may occur from such activity by the Wildwood Outdoor Education Center, Inc. or such physician.

Signature of parent or guardian _____

Printed Name _____ Date _____

Parent email _____