3rd/4th CAMPING TRIP & HEALTH HISTORY FORM

Child's Name:	
Parent/Guardian:	
Phone: H:	Mobile:
Home Address:	
Personal Physician:	Phone:
Health / Accident Insurer:	Policy No. :
In an emergency, notify:	
Name:	Phone:
Name:	Phone:
•	ct this child's activities for medical reasons?
Has this child had or been subject to	any of the following?
Allergies (food, plant, medicine	e, animal, insect toxin)
Asthma Bleedi	ng Contact Lenses Fainting
Convulsions Dentu	res Diabetes Heart Condition
Condition requiring special die	et or medication, please explain:
Other, please explain:	
Please list any medications your chi Continue on other side if necessary.	ald will need at camp and indicate the time(s) they are to be administered.
	ar):
	ely available, I hereby give my permission to allow hospital personnel and/o gency treatment and inject or administer drugs in conjunction with such
Parent / Guardian Signature	Date

If your child will be taking medication during the camping trip, please follow these instructions carefully:

- Make sure all bottles, containers, and inhalers are labeled clearly with your child's name.
- Make sure each bottle has the necessary information about how it should be dispense or taken written clearly on the container.
- Put all medications in a plastic bag.
- Write your child's name clearly on the plastic bag.
- On an index card, write your child's name and how and when each medication should be dispensed or given. Include the card in the plastic bag.
- Please give the plastic bag with medication and instructions to your child's teacher on the day of the trip. For safety, no student should be carrying any medication (even aspirin or Tylenol).