

**NAME OF CHILD**

DOB:

**Last Exam Date****Allergies and Dietary Restrictions**

Does your child require an EpiPen?

Please provide details about your child's anaphylaxis, including the date and description of the reaction

If your child requires an EpiPen, please alert your child's supervisor.

**Medications and Treatments**

Does your child regularly take any medications?

Explain what medications your child takes regularly and why they are taken.

**Immunizations**

Please list the date of your child's most recent vaccination or booster, if any, for the following:

Vaccination

Yes / No

Date(s)

TB

Chicken Pox (Varicella)

Diphtheria, Pertussis, Tetanus, Polio

Haemophilus Influenza B

Hep A

Hep B

HPV

IPV/OPV

MMR

PCV (Pneumococcal)

Meningococcal Meningitis (MCV4)

If your child has not been fully immunized, please explain.

Has your child had a TB Mantoux Test?

What was the result of your child's most recent TB Mantoux Test?

Date of most recent TB Mantoux Test

Please explain your child's positive result on the TB Mantoux Test

**Health History****Medical Conditions**

Has your child experienced, or is currently experiencing, any of the following conditions?

ADD/ADHD  
Asthma/Inhaler  
Back Pain or Injury  
Behavioral Issues  
Blackouts/Fainting  
Bleeding disorder  
Chest pain  
Crohn's  
Colitis  
Concussion  
Convulsions  
Developmental Delays  
Diabetes  
Down Syndrome  
Eating Disorder  
Epilepsy  
Hay Fever  
Headaches  
Hearing Problems  
Irritable Bowel Syndrome  
Lice  
Mental Health Issues  
Neck Pain or Injury  
Problems Breathing or Coughing  
Respiratory Ailments  
Seizures  
Speech Problems  
Uses eye glasses or contacts  
Visual Problems  
Other

Be sure to fully explain any conditions your child is currently experiencing.

Has your child been exposed to any communicable diseases within the last 3 months?

Please explain what disease(s) your child has been exposed to, and when the exposure occurred. It is important to mention any signs of illness that camp staff should look out for.

Does your child have any restrictions on activity?

Please explain what activities must be restricted and list any special accommodations that should be made.

Will your child require any special assistance while at camp?

Please explain what assistance will be required.

**Medical Waiver**