**CAMP CONCERN MEDICAL REPORT**

CAMPERS WILL NOT BE ALLOWED TO ATTEND WITHOUT THIS FORM COMPLETED BY PARENT OR LEGAL GUARDIAN. PLEASE DO NOT MAIL THIS FORM. RETURN WITH CAMPER AT REGISTRATION.

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please circle one: Senior/Secondary/Junior Week

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_--\_\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_­\_--\_\_\_­\_\_\_--\_\_\_\_\_\_\_\_\_ Work Phone \_\_­\_\_\_\_--\_\_\_­­\_\_\_­--\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_--\_\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_--\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_--\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_\_\_

Camper pick-up is Saturday morning between 10:00 am and 11:30 am. Please list additional names and number of those adults who have permission to pick-up your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE TO SENIOR WEEK PARENTS:** Please sign here if the camper will have a car on the campsite and will drive him/herself home Saturday. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPICAL INTERVENTION NEEDED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOOD INTOLERANCES** (FEEL FREE TO SEND ALTERNATIVES)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TYPICAL INTERVENTION NEEDED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INITIAL PERMITTED OVER-THE-COUNTER MEDICATIONS**:

Pepto Bismol\_\_\_\_\_MiraLax\_\_\_\_\_\_Tums\_\_\_\_\_\_Colace\_\_\_\_\_\_Ibuprofen\_\_\_\_\_Tylenol\_\_\_\_\_\_Dimetapp\_\_\_\_\_\_ Robitussin\_\_\_\_\_Claritin\_\_\_\_\_Benadryl\_\_\_\_\_Hyrocortisone\_\_\_\_\_Cough Drops\_\_\_\_\_Sunscreen\_\_\_\_Other\_\_\_\_\_

**IF YOU HAVE ANY MEDICAL, BEHAVIORAL, SOCIAL OR LEGAL CONCERNS WE ENCOURAGE YOU TO CONTACT THE DIRECTOR OF YOUR WEEK PRIOR TO CAMP STARTING. SHARING THIS INFORMATION MAY BE BENEFICIAL IN HELPING US BETTER CARE FOR YOUR CAMPER. ANY SPECIAL ARRANGEMENTS OR CONSIDERATIONS MAY BE ADDRESSED IN ADVANCE. \*PLEASE COMPLETE REVERSE SIDE\***

**PLEASE LIST ANY PHYSICAL, MEDICAL OR BEHAVIORAL CONDITIONS/RESTRICTIONS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT MEDICATIONS AND DOSAGES**

(Please send all medications including, emergency medications in bag labeled with your child’s name)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Name of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID# \_\_\_\_\_\_\_\_\_\_\_\_\_

Group # \_\_\_\_\_ \_\_\_\_\_\_\_

**IMMUNIZATION RECORD** (Date of Last Received)

DPT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chicken pox \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Polio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COVID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MMR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hep B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT OR GUARDIAN PERMISSION**

I understand that Camp Concern will perform their due diligence to follow guidelines in relation to COVID-19. I understand that although these regulations will be in place, Camp Concern cannot guarantee a COVID free environment and will not be held liable for any possible illness. I have reviewed and agree to follow the Camp Concern policies and acknowledge that inability to follow said policies and procedures will result in immediate dismissal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian Signature of Camper

(Camper name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend Camp Concern’s summer program. Camp Concern also has my permission to authorize treatment for my child by qualified medical personnel in case of sickness or injury. I understand that some risk is inherent in camp activities, and I agree to release and hold harmless the Commonwealth of Pennsylvania from any liability arising from participation in camp activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian Signature of camp personnel authorizing treatment in case of sickness or injury.

Additionally, I hereby grant permission for (Camper name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s image/likeness to be used by Camp Concern in photograph or video form on the Camp Concern website, social media or other promotional media, including print. If I object to my child’s image/likeness being used, I understand that I must notify Camp Concern of this in writing. Forms for denying this consent will be made available to parents during Final Registration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of parent or legal guardian