Camper Health History Form

Return Completed Form to

Plainfield Park District
24550 W. Renwick Rd.

Due at park district by
First Day of Camp

Questions?
Call **Leslie Anderson** at **779-252-2743**.

Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ ☐ Boy ☐ Girl
Month Day Year

Parent/Guardian: _____

Preferred Phone #: (_____)_____

About health care for campers:
- At minimum, staff members have basic first aid, CPR, and AED training at camp when campers are present.
- If your child requires medication (prescribed or OTC) during the camp day, see the camp director or camp coordinator for a separate **Permission to Dispense Medication form.** Medication must be provided in its original container and will be kept in a locked cabinet, in the office, and given by the camp coordinator according to the directions provided by the parent/guardian.

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is your child allergic to any food or medication? . . . . . ☐ Yes ☐ No

   If YES, name the item and indicate the reaction. _____ ☐ Intolerance ☐ Anaphylaxis

   _____ ☐ Intolerance ☐ Anaphylaxis

   Does your child need an epi-pen? . . . . . ☐ Yes ☐ No

   If YES, see the camp director or camp coordinator for a separate **Auto Injector Waiver Form.**

3. Does this child have asthma? . . . . . ☐ Yes ☐ No

   If YES, will your child carry a rescue inhaler during the camp session? . . . . . ☐ Yes ☐ No
   If YES, see the camp director or camp coordinator for a separate **Inhaler Waiver Form.**

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

   Name of Parent: _____ Phone: (_____)_____

5. List the medications that your camper takes on a routine basis: ☐ This camper takes no routine medication.

a. Med: _____ Reason for taking this: _____

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6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

_____

_____

Parent/Guardian Authorization
This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____