

KAMP KICKAPOO 2017

Medication/Health Form

Camper Name _____

This health form is kept confidential and in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

ALLERGIES:

Please list any life-threatening allergies, describe reaction and treatment (name of medication, dosage, when/how often to take it).

INJURIES/HEALTH CONDITIONS:

Please list any injuries or health conditions (for example, asthma) that prevent the camper from participating in certain types of physical activity. Please list any medication needed for treatment while at camp (for example, inhaler).

My child has permission to engage in all camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Parent/Guardian Signature

Date