

Camper Name: _____ Camp Session: _____

Please answer the following questions with regard to the camper:

Yes No Do you have any physical or health disability or handicaps (temporary or permanent) that you or your doctor feel would limit your participation in camp activities?

If yes, please explain:

ALLERGIES

Yes No Do you have allergies?

If yes, mark those that apply: Food Tree/Grass Weeds Insect Bites
 Animals Latex Other (please list): _____

Please describe allergic symptoms and remedy:

SEIZURES

Yes No Do you have seizures?

If yes, please explain frequency and describe any visible warning signs:

DIETARY RESTRICTIONS

Yes No Do you have any special dietary needs or restrictions?

If yes, please explain:

MEDICAL INFORMATION

Do you have any of the following conditions?

Asthma Diabetes Speech, Visual, or Hearing Impairment Other: _____

If yes answered above, please provide additional information:

MEDICATIONS

Yes No Will you be bringing any medications to camp? If yes, please fill out a Medication Information Page.

Please be aware, parents must provide any non-prescription or over the counter medications, such as pain relievers (acetaminophen, ibuprofen, aspirin, etc.), antacids (Tums), or antidiarrheals (Pepto-Bismol) for their camper, if they wish for their child to be given said medications, in the event that they need them while at camp. Camp staff will not be able to administer *any* medications not specifically designated for that camper.

MEDICAL AUTHORIZATION

I affirm that the confidential medical information I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Greenbush harmless if full disclosure of a pre-existing medical condition has not been provided.

I understand that Greenbush assumes no responsibilities for accidents which may occur in association with Camps. I agree to use my personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the parent/guardian listed above. In the event those individuals cannot be reached, I hereby give permission to the physician or any other qualified medical staff selected by Greenbush to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery deemed necessary. I authorize Greenbush Camp staff to disclose protected health information to the adult in charge, other camp staff, and/or any physician or health care provider involved in providing medical care to my child.

Signature of Parent/Guardian

Date