

Educational Programs Medical Information Form



Every participant **MUST** have a completed Medical Information Form prior to the event. The lead chaperone **MUST** keep the completed Medical Information Forms for **ALL PARTICIPANTS** on their person during the extent of the Camp-In event.

Participant Information PLEASE PRINT NEATLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<i>Participant First Name</i>	<i>Middle</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Gender</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Contact Parent/Guardian #1</i>	<i>Relationship</i>	<i>Daytime Phone</i>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Contact Parent/Guardian #2</i>	<i>Relationship</i>	<i>Daytime Phone</i>			

Allergies

No known allergies Participant is allergic to: Food Other

Please list all allergies below:

Participant does have an Epi-Pen? YES NO

*If participant is bringing an Epi-Pen, SCH is required to have a current, signed Physician's Authorization Form five (5) days prior to the first day of program. SCH cannot administer medication to participants without physician authorization. Participants are required to bring Epi-Pens each day.

Restrictions

If your child has a disability, impairment or condition that requires medication or other accommodations, please inform SCH of your child's needs below, prior to program, to ensure that SCH is prepared to address your child's needs. Once a parent/guardian submits a modification request, SCH will consider that request on a case-by-case basis and will attempt to accommodate your child within a reasonable amount of time.

Does your child have a disability, impairment or condition that requires medication, or any other accommodations?

YES NO If yes, please describe below:

Parent/Guardian Authorization

My child has permission to engage in all prescribed program 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 activity limitations, or conditions which should be known to the camp staff and medical personnel. I give consent in advance for medical treatment at the closest facility in case of illness or injury.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Signature of Custodial Parent/Guardian</i>	<i>Date</i>	<i>Relationship to Participant</i>