

# Florida College Alabama Camp Medical Release & Health Information

- Please complete both sides of this form and sign (parent or legal guardian).
- **Bring to camp registration:**
  1. *this completed form (both sides)*
  2. *all medications **in their original containers** – (including over-the-counter medications)*
  3. *photocopy of both sides of health insurance card (this is REQUIRED)*

Camper's Name: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy and/or Group Number \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

## • **Emergency Care:**

In the event of an emergency requiring medical treatment, I give permission to the camp staff to obtain the services of a licensed physician. Notify me immediately of any such emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## • **Authorization for Administration of Non-Prescription Medications:**

My permission is hereby granted to Florida College Summer Camp for its delegated Registered Nurse to administer the following non-prescription medications to

\_\_\_\_\_ (full name of camper) if needed for treatment:

### **Please list all non-prescription medications you are sending:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## • **Authorization for Administration of Prescription Medications**

My permission is hereby granted to Florida College Summer Camp for its delegated Registered Nurse to administer the following prescription medications to

\_\_\_\_\_ (full name of camper)

for treatment of \_\_\_\_\_ (condition/s).

(Medications must be in the original prescription container showing drug name, physician and dosage.)

### **Please list all prescription medications you are sending:**

_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OVER** ➤

# Camper Health Information for \_\_\_\_\_, age \_\_\_\_\_

(This information is for the Camp Nurses and will be shared with Camp Staff only on a need-to-know basis.)

Date of last tetanus shot/booster \_\_\_\_\_ (should be within past 5 years)

Are all other immunizations current? Yes No

**Allergies:      My child reacts to:      Type of reaction your child experiences and treatment needed:**

Foods \_\_\_\_\_

Medications \_\_\_\_\_

Insect Sting/Bites \_\_\_\_\_

Environmental \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

***Health Problems (check all that apply and explain as needed):***

**Neurologic**

- Seizures
- Fainting spells
- Dizziness
- Migraine Headaches
- Other \_\_\_\_\_

**Cardiovascular**

- Heart murmur
- Mitral valve problem
- Blood Pressure ↑ or ↓
- Other \_\_\_\_\_

**Respiratory**

- Asthma
- Bronchitis
- Sinus
- Other \_\_\_\_\_

**Gastrointestinal**

- Constipation
- Diarrhea
- Other \_\_\_\_\_

**Endocrine**

- Diabetes
- Hypoglycemia
- Thyroid
- Other \_\_\_\_\_

**Eyes, Ears, Mouth**

- Contact Lenses / Glasses
- Visual impairment
- Hearing loss/aids
- Orthodontic braces
- Throat conditions
- Other \_\_\_\_\_

**Orthopedic**

- Broken bones
- Muscle pain
- Muscle spasms
- Limited movement
- Other \_\_\_\_\_

**Special Needs**

- Anxiety
- Depression
- Attention or Learning Difficulties
- Nightmares/Night Terrors
- Bedwetting
- Menstrual
- Other \_\_\_\_\_

Any physical restrictions not covered in the above information: \_\_\_\_\_

Special information we need to know about this camper: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_