

Concordia Lutheran School 2015

Summer Camp Medical Form

Camper's Name _____

Circle one Further Details if Necessary

Diagnosis of asthma?	Yes/No	
Allergies	Yes/No	
Diabetes?	Yes/No	
Heart Problems/Shortness of Breath?	Yes/No	
Dizziness or chest pain w/exercise?	Yes/No	
Eye/Vision Problems? <input type="checkbox"/> Glasses? <input type="checkbox"/> Contacts?	Yes/No	
Hospitalization? When? What for?	Yes/No	
Epilepsy/Seizures?	Yes/No	
Nosebleeds?	Yes/No	
Headaches?	Yes/No	
Ear/Hearing Problems?	Yes/No	
Dental? <input type="checkbox"/> Braces <input type="checkbox"/> Bridges <input type="checkbox"/> Plate	Yes/No	
Other Concerns	Yes/No	

Is your child on any medication? Please describe:

___ Yes, my camper may be given any of the following ___ No, my camper may not be given any medication
 Acetaminophen/Tylenol Ibuprofen/Advil

Sunscreen Spray Policy—All campers will need a spray type sunscreen with camper's name. The parent/guardian needs to apply the sunscreen spray before coming to Summer Camp each day. Students will apply the sunscreen spray before afternoon activity.

My child (please circle one) Should OR Should not wear sunscreen spray while being outdoors. ___ Initials.

I understand the circling "should" allows staff to apply parent provided sunscreen spray to my child.

Child's Physician _____ Phone # _____ Hospital
 _____ Insurance Co _____ Policy
 # _____

