



Summer 2010 Health Questionnaire and Authorization

CAMPER'S NAME _____ AGE (at camp time) _____ M F SESSION(S) _____

A. Health History (to be filled out by Parent/Guardian)

- a. Has camper had any recent injury requiring treatment at camp? NO YES _____
 - b. Has camper had any serious injury or illness? NO YES _____
 - c. Has camper had any surgery? NO YES _____
 - d. Does the camper have any chronic medical condition? NO YES _____
 - e. Is camper restricted from any camp activity? NO YES _____
 - f. Will the camper bring an orthopedic device, brace, splint, etc? NO YES _____
 - g. Does the camper have orthodontia? NO YES _____
- Name of Orthodontist _____ Phone _____

- h. Does/has the camper had any of the following:
 - i. Seizures? NO YES _____
 - ii. Asthma? NO YES _____
 - iii. Bleeding disorder? NO YES _____
 - iv. Diabetes? NO YES _____
 - v. Heart condition? NO YES _____
 - vi. Other? NO YES _____
- i. Has the camper experienced any life changes that we should be aware of? _____
- j. Is the camper allergic to any medications? NO YES

If yes, please provide appropriate information:

Medication _____ Reaction/Treatment _____
Medication _____ Reaction/Treatment _____

- k. Is the camper allergic to any foods? NO YES

If yes, please provide appropriate information:

Food _____ Reaction/Treatment _____
Food _____ Reaction/Treatment _____

- l. Is the camper allergic to any insects? NO YES

If yes, please provide appropriate information:

Insect _____ Reaction/Treatment _____
Insect _____ Reaction/Treatment _____

- m. Does the camper have any other known allergies? NO YES

If yes, please provide appropriate information:

Allergy _____ Reaction/Treatment _____
Allergy _____ Reaction/Treatment _____

B. Current Medication (to be filled out by Parent/Guardian)

Camper takes NO medication(s) on a routine basis.

Camper takes the following medication(s):

Med #1 _____ Dosage _____ Reason for taking _____
To be taken: Breakfast _____ Lunch _____ Dinner _____ Bed _____ Other _____

Med #2 _____ Dosage _____ Reason for taking _____
To be taken: Breakfast _____ Lunch _____ Dinner _____ Bed _____ Other _____

“AS NEEDED” MED’S: (1) _____ (2) _____ (3) _____
Reason for taking: (1) _____ (2) _____ (3) _____

Please note that “medication holidays” are not encouraged at camp

****All medications must be in a PHARMACY LABELED ORIGINAL container****

Medication without the camper’s name and any unlabeled medications will NOT be dispensed.

I authorize Canyon Creek to administer any of the above listed medications to my camper.

Parent Signature _____ Printed Name _____ Date _____