Medical Emergency and Information Form

CVU Summer Camp 2019

We use this information for health care management and emergencies. Please be sure to call us at 482-7169 if changes in information occur during the Summer Camp.

Student Name: _____ Date of Birth_____ M/F/O_____

Does your child have any emotional or physical health problems, illnesses or disabilities that the summer camp director should be aware of?_____

Any injuries or hospitalizations? If so, please explain with date:_____

Medication taken on a regular basis? If so, list the following: Drug/Dosage/Frequency (taken at home or school):_____

Any allergies? Yes No Specify: _____

Child's local doctor:_____Phone:_____

Child's local dentist:_____Phone:_____

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1) Is your child covered by Health Insurance? Yes No
2) Has your child been seen in the last year for a well child exam? Yes No
3) Has your child's doctor EVER said that your child has asthma? Yes No Don't Know

If yes, does your child STILL have asthma? Yes No Don't know

***Occasionally a health need occurs that can be handled with over the counter (OTC) medications, i.e. **Tylenol, Advil, Sudafed**. High school students are encouraged to take responsibility for managing their personal health needs and are permitted to bring their own OTC meds to school for their own personal use. **They MUST be in the original container and may NOT be given out to other students.** The summer camp director will also provide these medications, if needed, as long as this form is signed and submitted to the Summer Camp Office.*

++In case of an accident or illness, I request the Summer Camp Director to contact me. If unable to reach me I hereby authorize the school personnel to seek emergency medical care, including transportation to the emergency department. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

***Parent's Signature**:_____Daytime phone:_____ Date:_____*

***Alternate person who can excuse and/or pick-up your child in case of illness:*

Name:_____ Relationship to child:_____Daytime phone:_____

If you have any questions or concerns please contact us in the Summer Camp Office at 482-7169