Project Read and Reach Extreme Summer Camp Student Health Registration Form

Student Name: _____

Grade: _____ Gender: _____ Date of Birth/Age: _____

Medical History

Have you ever been told by a physician or health care professional that your child has:

_____ Asthma
_____ Diabetes
_____ Heart condition
_____ Bleeding disorder

_____ Seizure disorder
_____ Bone or muscle disease
_____ Skin condition

_____ Mental health condition such as depression, anxiety, or an eating disorder.

_____ ADD/ADHD
_____ Learning disability
_____ Other:
_____
_____

Does your child experience any of the following:

_____ Nose bleeds
_____ Poor appetite
_____ Tires easily

_____ Frequent ear aches
_____ Frequent stomach aches
_____ Frequent headaches

_____ Physical disability
_____ Fainting disorder
_____ Other:
_____
_____

Do any of these conditions limit/ affect your child at school?_____
_____

Life-threatening conditions

Does your child have a life-threatening health condition? Yes/No Describe: _____

Allergies

_____Plants
_____ Bees

_____ Food (please list)
_____

_____ Molds
_____ Drugs

_____ other
_____

Please describe the allergic reaction and the treatment for each checked allergy: _____
_____

Medication

Does your child take any medication? Yes/No If yes, name of medication:* _____
Purpose_____

*Please note, camp staff are unable to dispense medication. If a child requires the use of an Epipen or inhaler, the parent is required to submit the physician's orders.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand that the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature: _____ Date _____
Printed name: _____