

**The Company of Fifers and Drummers Junior Camp  
Camper Health History Form for Families**

Parents/guardians, please complete this form and mail to the address below **BY APRIL 1** with your tuition check. There are two pages.

Donald Mason, Director  
Junior Fife and Drum Camp  
60 Center Street  
Bristol, CT 06010

jrcamp@companyoffifeanddrum.org

**Camper Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Age on July 11, 2023:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip Code

**Parent/guardian with legal custody to be contacted in case of illness or injury:**

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Preferred phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Second parent/guardian or other emergency contact:**

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Preferred phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Additional contact in event parent(s)/guardian(s) cannot be reached:**

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Preferred phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Allergies:**  No known allergies  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other

If this camper has allergies, do they carry an epipen?  Yes  No      If "YES," can they self-administer?  Yes  No

**Please describe *what* the camper is allergic to and the reaction to each allergen.**

**Diet/Nutrition:** This camper:  Has no special diet  Is vegetarian / vegan  Has celiac disease  Is lactose intolerant  Other, *please explain*

**Medical Insurance Information:**

This camper is covered by medical insurance:  Yes  No

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Group #: \_\_\_\_\_

Camper Name: \_\_\_\_\_

The following non-prescription medications are commonly stocked at camp Health Centers and used on an as-needed basis to manage injury and illness. **CROSS OUT the medicines below that your child MAY NOT be given.**

Acetaminophen (Tylenol)  
 Ibuprofen (Advil, Motrin)  
 Pseudoephedrine (Sudafed)  
 Robitussin  
 Allergy medicines (Allegra, Claritin, Zyrtec)  
 Benadryl  
 Insect Repellent

Calamine Lotion  
 Aloe Gel / Solarcaine  
 Solarcaine  
 Topical antibiotic cream/ointment  
 Vaseline  
 Hydrocortisone 1% cream  
 Hydrogen peroxide

Tums, Maalox, Mylanta  
 Lactaid  
 Imodium  
 Kaopectate, Pepto-Bismol  
 Laxatives for constipation (Ex-Lax)  
 Generic cough drops  
 Sore throat spray

**My child takes prescription medicine:**  Yes  No If yes, both parent/guardian and physician must complete an Authorization for the Administration of Medicine Form. There is a separate section for Self-Administration if the camper will take medicine on their own.

Please list the medications here with dosage and frequency. Attach pages as necessary.

**Is there anything that you would like for us to know about your child? (What didn't we ask that's important about your child?)**

**Name of child's doctor:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Parent/guardian authorization for health care:**  
 This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities unless noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health and in emergency situations. *If I cannot be reached in an emergency*, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I understand that the information on this form will be shared on a "need to know" basis with the camp staff.

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of custodial parent/guardian**

\_\_\_\_\_

**Relationship to camper**