

**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 JUNE 1st** with your tuition check. There are two pages.

Sarah MacConduibh, Assistant Director
Junior Fife and Drum Camp
105 Boston Ave
Medford, MA 02155

jrcampad@companyoffifeanddrum.org

Camper Name: _____

Date of birth: _____

Age on July 1 the year of camp: _____

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.

Signature of custodial parent/guardian

Relationship to camper

Date: