



## 2024 Summertime Camp Health Form

Child's Name: \_\_\_\_\_

Please check "YES" or "NO" for the following questions. Provide explanations for EACH "YES" ANSWER in the EXPLANATION section below. Include any other helpful information.

	<u>YES</u>	<u>NO</u>
1. I have concerns about my child's general health (eating, sleeping habits, posture, skin, weight, bowel/bladder habits, etc.).	_____	_____
2. My child has an eye and/or vision problem.	_____	_____
3. My child has an ear and/or hearing problem (frequent earaches, difficulty hearing etc.).	_____	_____
4. My child has a speech problem (difficulty being understood, stammers, delayed development, etc.).	_____	_____
5. My child has allergies. If "YES," what is the allergy? _____	_____	_____
6. My child has a specific illness or disability.	_____	_____
7. My child received an evaluation which could help the Camp in meeting his/her health, emotional or educational needs.	_____	_____
8. My child will be physically limited in some camp activities.	_____	_____

Date of my child's last tetanus shot: \_\_\_\_\_

Medication my child will bring to camp: \_\_\_\_\_

If medication will be brought to camp, you will be given a separate **medication administration authorization form**.

My child's *Maryland Immunization* form is on file at \_\_\_\_\_ School.

If not on file in a Maryland school, we must receive a copy before the start of camp.

My child's primary physician is: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EXPLANATION for any questions above for which you answered "Yes":** \_\_\_\_\_

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THE INFORMATION PROVIDED THIS FORM IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_