Print Form

El Cerrito Camp Ravencliff 2009

Health Information

CAMPER'S NAME _____

Please help us serve your child to the best of our ability by providing us with the most up to date and accurate information possible regarding you child's health. Following each question, list any relevant information. If needed, attach an extra sheet of paper. All information is confidential and will only be viewed by an appropriate staff member.

PLEASE ATTACH A RECENT PHOTO OF CAMPER

1. **IS YOUR CHILD CURRENTLY TAKING ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICATION? (Medication name and dosage)**

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2. **DOES YOUR CHILD TAKE ANY MEDICINES DURING THE YEAR THAT ARE NOT TAKEN DURING THE SUMMER? An emergency supply of medication may be advisable to give to the camp nurse, please consult with your doctor. (Medication name and dosage)**

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3. **DOES YOUR CHILD HAVE ANY ALLERGIES TO FOOD OR REQUIRE A SPECIAL DIET?**

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4. **DOES YOUR CHILD HAVE OTHER ALLERGIES? (Medications, bee stings, hay, peanuts etc)**

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5. **(FOR GIRLS) HAS YOUR CHILD BEGUN MENSTRUATION?**

☐ **YES** ☐ **NO**

6. **DOES YOUR CHILD WEAR GLASSES OR CONTACT LENSES?**

☐ **YES** ☐ **NO**

7. **HAS YOUR CHILD BEEN IN AN OUTDOOR CAMPING SETTING BEFORE?**

☐ **YES** ☐ **NO**

8. **HOW WELL DOES YOUR CHILD SWIM?**

☐ **EXCELLENT** ☐ **MODERATE** ☐ **BEGINNER** ☐ **NO EXPERIENCE**

9. **ARE THERE ANY OTHER HEALTH ISSUES OR CONCERNS THAT WE SHOULD BE AWARE OF? (Ex. afraid of the dark, wets bed, fears, sneezes every morning, etc)**

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