

Camper Form

With Allergies or other Medical Conditions



Health Information:

Although Renaissance (RAC) personnel are not health professionals, some are trained in medication administration. In any case, we will always call 911 and have emergency personnel attendants care for students whenever possible.

To Do Prior to Camp:

- * **Label all medications & utensils** used for administering clearly with your child/teen's name.
- * Place all information & medication in a **clear plastic bag labeled with your child/teen's name**. If any medications dosages need to be divided please do so ahead of time.
- * Please make sure all medications have clear instructions.
- * Complete health form on pages 2+3, one form per child.

Provide Renaissance Art Center with:

- * Completed Health Form with all information on medical conditions, allergies, dietary restrictions or any other special needs your child may have.
- * All physician information or letters should be stapled to the Health Form.
- * All medications & Health Forms should be hand-delivered into the office during the first day of camp or the week prior.
- * All medications should be in the original pharmaceutical container & correctly labeled with your child/teen's name & correct dosage.

Information to Know:

- * Epi-pen or Epi-pen Jr. - If your child/teen is unable to self administer Epi-pen as needed a RAC personnel or Emergency Response person will administer.
- * A parent must submit a new authorization if there are any changes in the child/teen's prescription or dosage.
- * RAC will store all medications in a secure, non-refrigerated area that is accessible only to authorized personnel. Exceptions where the child/teen would carry the medication with them will be made only in extenuating circumstances & permission is given by the child/teen's physician and parent.
- * Children/teens are not be allowed to take prescription or over-the-counter medication during camp hours without an authorization form.
- * The child/teen must have take the medication at least once without negative reaction before bringing it to camp.

1 Form Per Child

Child's Name:

Last _____

First _____

Nickname _____

<p style="text-align: center;">Camp Information:</p> <p>Date of Camp: _____</p> <p>Name of Camp(s) : Full Day _____ <p style="text-align: center;">OR</p> AM Camp _____ PM Camp _____</p>	<p style="text-align: center;">Camp Information:</p> <p>Date of Camp: _____</p> <p>Name of Camp(s) : Full Day _____ <p style="text-align: center;">OR</p> AM Camp _____ PM Camp _____</p>
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1. Contact Information: (For additional weeks see last page)

Age _____ D.O.B ____ / ____ / _____ Sex _____

2. Parent / Guardian Information:

Parent / Legal Guardian: _____

Address: _____ City: _____ Zip: _____

3. Phone Numbers:

Mom's Work: _____ Mom's Cell: _____

Dad's Work: _____ Dad's Cell: _____

Home: _____

Other (Name): _____ Phone: _____

4. Emails:

Mom's Email: _____

Dad's Email: _____

Other Email: _____

Medical Information:

(Please Staple your child's doctor information to this form)

6. Child's Physician:

Doctors Name: _____ Phone Number: _____

7. Health Insurance Information:

Name: _____ Phone Number: _____

Policy No: _____ Group No: _____

8. Check if your camper has had current immunizations consistent with the State of Maryland's school requirements.
- No, please explain. _____

9. Date of child's last tetanus shot? ____ / ____ / _____

10. List your child's allergy(s) or medical conditions (ie Asthma, Diabetes, etc...) Please be specific.

11. List the symptoms your child may exhibit when requiring medication: _____

12. List medication(s) and dosages: _____

13. List possible side effects from medication: _____

14. Does your camper know how to self administer? Yes: ____ No: ____

15. Please provide any additional information that may be helpful to us while you camper in attending our program: _____

- _____ I authorize my child to take the medication as directed by his/her physician.
- _____ I authorize my child to carry and self-administer medication during camp hours as directed by his/her physician
- _____ I authorize Renaissance Art Center personnel to administer an Epi-pen or Epi-pen Jr. for my child as directed by his/her physician if warranted. I understand that in the event Renaissance Art Center must administer the shots, they will call emergency medical personnel.

I have read all instructions that clarify the medication administration procedures, and I assume the responsibilities indicated. I agree to release Renaissance Art Center, it's agents and employees, from all liability from this authorization. I understand that I must collect any unused medication no later than one week after the camp ends, or the RAC will discard the medication.

Parent Signature: _____ Date: _____

Camp Information:

Date of Camp: _____

Name of Camp(s) :
Full Day _____

OR

AM Camp _____
PM Camp _____

Camp Information:

Date of Camp: _____

Name of Camp(s) :
Full Day _____

OR

AM Camp _____
PM Camp _____

Camp Information:

Date of Camp: _____

Name of Camp(s) :
Full Day _____

OR

AM Camp _____
PM Camp _____

Camp Information:

Date of Camp: _____

Name of Camp(s) :
Full Day _____

OR

AM Camp _____
PM Camp _____

Camp Information:

Date of Camp: _____

Name of Camp(s) :
Full Day _____

OR

AM Camp _____
PM Camp _____

Camp Information:

Date of Camp: _____

Name of Camp(s) :
Full Day _____

OR

AM Camp _____
PM Camp _____

Camp Information:

Date of Camp: _____

Name of Camp(s) :
Full Day _____

OR

AM Camp _____
PM Camp _____

Camp Information:

Date of Camp: _____

Name of Camp(s) :
Full Day _____

OR

AM Camp _____
PM Camp _____