



Summer Camp Health Exam Immunization Record

Summer Camps Camper Medical Form

Please return the completed medical form to Ecole Jean-Jacques Rousseau at least two weeks prior to your child's camp session

_____ Page 1 & 2 are to be completed by the parent(s) or guardian(s). New forms are required each year.

_____ Pages 3 and 4 are to be completed by a licensed physician, physician's assistant or nurse practitioner.

_____ Copy of the front and back of your family health insurance cards if you have insurance.

_____ Per Texas Health codes, all medications brought to camp must be in their pharmacy issued container and accompanied by signed physician orders. The container instructions and physician orders must match.

_____ ***You must include a copy of your child's immunization record.***

Name _____ Date of Birth _____ Age _____ Sex _____

Home Address _____
Street City State Zip

Mother's Name _____
Home Phone Number Second/Cell Number

Father's Name _____
Home Phone Number Second/Cell Number

Emergency Contact (1) _____ Relationship _____

Phone _____

Emergency Contact (2) _____ Relationship _____

Phone _____

Will you be on vacation while your child is at camp? _____ How do we reach you? _____

Summer Camps Camper Medical Form

Camper Name _____ Date of Birth _____

Family/Child's Physician _____
Name Phone

Family/Child's Dentist _____
Name Phone

Do you have medical insurance? _____ ***Attach copy of insurance card to this form***

My child may receive the following over-the-counter medications according to labeled instructions. Y/N

___ tylenol ___ advil ___ midol ___ tums ___ sudafed ___ benadryl

___ sunscreen ___ cough syrup ___ throat lozenges ___ hydrocortisone cream

___ antibiotic ointment

Behavioral, emotional or mental concerns our staff should be aware of

Emergencies Medical Authorization: I hereby give *Ecole Jean-Jacques Rousseau* permission to act for me on behalf of my child for treatment at a medical facility and to arrange necessary related transportation. In the event I cannot be reached in an emergency, I give permission to the attending physician to administer tests and treatment for my child. I understand *Ecole Jean-Jacques Rousseau* does not carry health and accident insurance, that I am responsible for all health related costs incurred, and that I fully release *Ecole Jean-Jacques Rousseau* from liability in connection with health related decisions made for your child on your behalf.

Meningococcal Meningitis Response:

___ My child had the meningococcal meningitis immunization within the last ten years on _____.

___ After reading or having explained to me the information regarding meningococcal meningitis and risks of not receiving the vaccine, I decided my child will not obtain immunization against meningococcal meningitis.

Parent's Signature _____

Date _____

Camper Name _____

Group (circle one) Age 3-5 Age 6-9 Age 10-15
Session (circle one) June July

Summer Camps Camper Medical Form

Camper Name _____ Date of Birth _____

Pages 3 and 4 must be completed by a licensed physician, physician's assistant or nurse practitioner within one year of the first camp session the camper is attending.

Date of Exam _____ Camp Height _____ Weight _____ Blood Pressure _____

Health History	Y	N	Description
Asthma/Breathing Difficulty			
ADD/ADHD/Learning Difficulty			
Day/Night Wetting			
Behavioral Disorder			
Bleeding Disorder			
Depression			
Diabetes			
Eating Disorder			
Epilepsy/Convulsions/Fainting			
Heart/Lung/Kidney Conditions			
Sleep Disorder/Sleep Walking			
Serious Illness			
Major Operations			
Other			

Allergies

Describe Reaction

Treatment

Is an epi-pen prescribed for this child? _____

Does this child need to carry the epi-pen at all times? _____

Immunization Record

Attach a copy of this child's immunization record

Current Medical Conditions

Current Treatment

Summer Camps Camper Medical Form

List medications the child will be bringing to camp. *Attach to this form or bring to camp with a copy of the written doctor's order for each prescribed medicine.* This includes epi-pen and inhaler prescriptions.

Medication	Dose	Time Taken	Reason for Prescription
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May this child receive the following over-the-counter medications according to the label instructions? (Y/N)

tylenol advil midol tums sudafed benadryl sunscreen
 cough syrup throat lozenges hydrocortisone cream antibiotic ointment

Summer Camp Activities

Typical summer camp activities at *Ecole Jean-Jacques Rousseau* include supervised Hiking, Swimming, low and high Ropes Activities, Non-Contact Sports, Arts & Crafts, Mad Science, Violin, Guitar, Gastronomy, Construction, Painting, Drawing, Gardening & Botany, Dancing, Archery, Chemistry & Lab, Animal Dissection, Field Trips.

List restrictions to camp activities for this child.

Restrictions

Please note any additional health information the *Ecole Jean-Jacques Rousseau* Personnel should be aware of.

Medical Provider's Printed Name _____	STAMP
Address _____	
Phone _____ Date _____	
Signature _____	