Camp Health Exam Immunization Record

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? _____

Camper Medical Form

Camper Name_____ Date of Birth_____

Family/Child'sPhysician_____
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_____

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			
Epileps y/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**

_____ _____

_____ _____

_____ _____

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

Camp Activities

Typical 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_____