

PLEASE CHECK ONE: Day Camp \_\_\_\_\_ Resident Camp \_\_\_\_\_ Both \_\_\_\_\_

Gender: Male or Female

### MEDICAL FORM

Please complete this form and return to LFYC with your registration form. Campers CANNOT attend camp without this form on file with First Aid.

Camper's Name: Last \_\_\_\_\_ First \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

1 <sup>st</sup> Contact (Circle One) Mom Dad Guardian Name _____ Work # (____) _____ Cell # (____) _____ Home # (____) _____ Which number should we call first? _____	2 <sup>nd</sup> Contact (Circle One) Mom Dad Guardian Name _____ Work # (____) _____ Cell # (____) _____ Home # (____) _____ Which number should we call first? _____
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Emergency Contact (in the event that parents cannot be reached) Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

Does Camper have medical insurance? Yes or No

Does Camper take medication on a daily basis? \_\_\_\_\_

If yes, list medications and doses: \_\_\_\_\_

(Use back of form if needed)

List below any known physical, mental, or emotional condition your child may have such as allergies, asthma, ADHD or diabetes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our First Aid facility is equipped to provide initial treatment of illness or accidents. All medication (prescription, "over the counter", vitamins and creams), must be in the original pharmacy labeled container with clear administration instructions and must be turned in to first aid staff upon arrival.

#### OPTIONAL MEDICAL CONSENT

I, \_\_\_\_\_, give permission for LFYC staff to administer the following "over the counter" medications if necessary:

Tylenol	Yes/No	Benadryl	Yes/No	Robitussin	Yes/No
Sudafed	Yes/No	Tums Antacid	Yes/No	Advil/Motrin	Yes/No
Claritin	Yes/No	Child's Pepto	Yes/No	Imodium	Yes/No

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Name:

Last Name: