

Salesian Boys & Girls Club Summer Camp 2016 Camper Medical Information

Insurance Carrier : _____

Insurance Policy # _____

Physician's Name & Hospital: _____

Medical Conditions

Asthma Diabetes Hearing Impairment Blindness ADHD AUTISM Seizures Mood Disorder Headaches Frequent Bloody nose Other _____

Required Medication: _____ -

Are you concerned about a medical condition that will impact your child's time at camp ? YES NO

Does your child self administer medication YES NO If so what medication does your child take ? _____

Does your child require an EPIPEN OR INHALER ? YES NO _____

Does your child use insulin YES NO

Are there any other medical concerns you would like us to know ?

Allergies

Please check here if your child has no known allergies

Food: Peanuts Tree Nuts Dairy/Lactose Berries Soy Wheat Seafood/Shellfish Eggs

Other _____

Medicine: Penicillin Aspirin Amoxicillin Other _____

Environmental: Bee Stings Pollen Dust Mold Grass Other _____

Other Latex Perfumes Lotions Other _____

Please indicate if your child could use support in the following areas:

Communication

Sign Language

Non-Verbal

Other Areas: Transitioning from on activity to another

Overstimulation

Following Directions

Controlling anger

Asking for help