

Medical Information for _____ DOB _____

Please attach Health, Immunization and Tetanus records.

Health Records are provided by your physician and may be called "RI School Physical Health Form". Please answer completely!! If you do not tell us, we cannot be held responsible. If there is anything else we should know, please tell all, if necessary use a separate piece of paper!!

Do you have any Restrictions including, but not limited to

Foods (eg. milk, eggs, meat, wheat) **Activities**, (eg. Swimming, Boating, Games, Sports, Nature walks, Crafts etc.) Please visit <http://www.kingstonscamp.com/about> for more activities:

Does you have any medical, behavioral or emotional condition that we should be aware of including, but not limited to:

- Allergies Heart Condition Fainting Spells Glasses, Contacts
- Seizures Skeletal Deficiencies Learning Disabilities Diabetes
- Hearing loss Headaches Back/Joint problems Coordination Difficulties
- Asthma Emotional Difficulties Frequent Ear Infection Recurrent Chronic Illness
- ADHD Asperger's Spectrum Significant Life Event Skin Problems
- Recent Injury Diarrhea/Constipation Menstrual Issues (if female) Mononucleosis (recent)

Does your child need an Epi-Pen? Yes No

Does your child need an Inhaler? Yes No

Explain/Other _____;

If yes to the any of the above, please attach record of past medical treatment.

Allergies: List all allergens here including Foods, Animals, Medications, Plants etc.. Let us know any and all procedures you wish us to take in case of exposure to allergen:

Date of last physical _____

Date of last tetanus shot _____

Is your child currently taking Medication, if yes please describe:

****All Medications administered at camp must be in original prescription/ container with written instructions from parent/guardian.**

I give Kingston's Camp permission to administer:

- Tylenol Ibuprofen Benedryl Sunscreen
- Bug Repellent Aloe Anti-itch Cream Triple Antibiotic
- Permethrine treated bandanas as a method of tick repellent.

This health history is correct and accurately reflects the status of the person to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physical. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to print copies of this form. In addition, the camp has permission to obtain a copy of my health record from providers who treat me and these providers may talk with the program's staff about my health status.

Please check your entire body every evening for both deer and dog ticks.

I give my permission to Lisa-Beth Sanford or any person in Kingston's Camp's employ, to take me to a physician, or hospital, or to call an ambulance should an emergency occur and treatment be indicated.

Signature (if over 18): _____

Parent/Guardian Signature if under 18 _____