

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". This information about your child will help us at *Kingston's Camp* provide the best experience for her or him. Please return with your first weekly payment before camp begins. Please answer completely, if necessary use another sheet of paper.

Personality: Please let us know what your child is like
Circumstances which may affect behavior: _____

Talents & Strengths/Likes & Dislikes: _____

Please list any Restrictions that may prevent your child from fully participating in camp: Restrictions can relate to **Food, Environment or Activities**, go to www.kingstonscamp.com for more information about camp.

Does your child have any medical, behavioral or emotional condition that we should be aware of, which may prevent full participation in camp including, but not limited to:

- Allergies Heart Condition Glasses, Contacts Diarrhea/Constipation
- Seizures Learning Disabilities Diabetes Skin Problems
- Hearing loss Headaches Back/Joint problems Coordination Difficulties
- Asthma Emotional Difficulties Frequent Ear Infection Recurrent Chronic Illness
- ADHD Asperger's Spectrum Significant Life Event Recent Injury

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 (prescription or over-the-counter) if yes please describe:

****All Medications administered at camp must be in original prescription/ container [LL1] 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

This health history is correct and accurately reflects the status of the camper 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 child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

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

Parent/Guardian Signature: _____