

# Special Care Form Information & Questionnaire

➤ **Only if your child has a health condition or any condition that may require special care, please complete this form and bring it with you on the first day of each camp session and give to the camp director/extended care director. Do not send to the camp office.**

Camper's Name \_\_\_\_\_ ID# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of physician/health care provider \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate your child's health condition or condition that may require special care:

Please describe, in detail, the usual symptoms, so that we may recognize the condition or any deviation from the usual reaction:

How do you treat this at home?

How would you like us to respond to this at camp if it becomes necessary?

Do we have your consent to contact your physician for additional information, if needed?  Yes  No

## **Asthma/Epi-pen**

Does your child have asthma?  Yes  No

Does your child require the use of an epi-pen?  Yes  No

**If yes, will medication be required to be administered during camps or extended care?**  Yes  No

**If yes, please follow instructions for medication dispensation on the Medication Order Form included.**

## **Other**

Does your child have any emotional problems?  Yes  No Explanation \_\_\_\_\_

Has your child been diagnosed with ADHD or ADD?  Yes  No

Is your child on any medication?  Yes  No

**If you have any questions concerning this form please call the Camps Manager at 410-715-3168.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_