

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 _____