

Camper Name _____ Date of Birth _____

Allergies

Medication Allergies:

Describe reaction and management of reaction:

Food Allergies:

Describe reaction and management of reaction:

Other Allergies:

Describe reaction and management of reaction:

Current Medications:

Reason(s) for taking:

Medical Conditions

Does this camper have any medical conditions of which the Day Camp staff should be aware?

Restrictions *The following restrictions apply to this individual*

Please explain any activity restrictions (i.e. what cannot be done, what adaptations or limitations are necessary):

Immunizations Please give dates of immunization for:

<u>Vaccine</u>	<u>Date</u>
DTP (diphtheria, tetanus, acellular pertussis)	_____
Tetanus	_____
MMR (measles, mumps, rubella)	_____
Hepatitis B	_____

Additional Information:

Please use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the Inspiration Academy. *The better informed the staff can be, the better they will be able to provide for the needs of your child.*

Family Doctor _____ Phone _____
Address _____
City _____ State _____ Zip Code _____

Family Dentist/Orthodontist _____ Phone _____
Address _____
City _____ State _____ Zip Code _____

In case of emergency please contact:

1) Name: _____ Phone: _____
2) Name: _____ Phone: _____

Parent/Guardian Authorization:

This health history is correct and complete. The person herein described has permission to engage in all of the Inspiration Academy Performing Arts Day Camp activities except as noted.

I hereby give permission to the Inspiration Academy staff to provide routine health care, administer prescribed medications, and seek emergency medical treatment if necessary.

Signature of parent/guardian or adult camper _____ Date _____

Printed Name _____