

SRV Summer Camp Camper Emergency Information



Child's Name: _____

Birth Date: _____ **Age:** _____

In Case of an Emergency, contact:

1st Parent/Guardian's Name: _____ **Workplace:** _____

Main Tel. #: _____ **Work #:** _____

2nd Parent/Guardian's Name: _____ **Workplace:** _____

Main Tel. #: _____ **Work #:** _____

Third Contact: _____ **Relationship to child:** _____

Cell: _____

Fourth Contact: _____ **Relationship to child:** _____

Cell: _____

Child's Doctor: _____ **Telephone #:** _____

Child's Medical Insurance: _____ **Policy #:** _____

Please list your child's particular health requirements, conditions, and allergies below.

___ Allergies to foods: _____

___ Allergies to insects: _____

___ Allergies to medications: _____

Other Allergies: _____

Any chronic or recurring health problems or conditions (i.e., asthma, migraines, etc.) _____

Is there anything else that you'd like to tell us about your child so that we can know them and best meet their needs? _____

Please list any medications your child takes regularly, and the condition(s) they are for: _____

Please indicate which medications may be administered to your child at camp.

___ Acetaminophen (Tylenol or generic). Under what conditions? _____

___ Ibuprophen (Advil or generic). Under what conditions? _____

___ Children's Benedryl. Under what conditions? _____

___ Tums.

___ Calamine lotion, ___ Hydrocortisone, ___ Antibiotic ointment

___ Low or No-DEET insect repellent,

Sunscreen _____

___ EpiPen provided by parent. Under what conditions? _____

___ Inhaler provided by parent. Under what conditions? _____

___ Others provided by parent (please specify). _____

Child's approximate weight: _____

I hereby give SRV, the camp, and its agents my permission to administer the medications indicated above in accordance with my and the manufacturer's instructions. I give my permission for my child to be taken to a local hospital if necessary, for emergency treatment.

Signed: _____ **Relationship to child:** _____

Date: _____