Sacred Heart Camp Medication Check-In and Health History

Camper □s Name		<i>P</i>	AgeWgt	
Name of Medication		Dose	How often	
1)				
2)				
3)				
4)				
5)				
• This list will inform the	camp nurse regarding	g your child□s dosi	ng regimen.	
• Place your camper ☐s m together with this form in a		escription bottle or f	or nonprescriptions, i	in original labeled box
• The ziplock plastic bag campers. Thank you.				pe accepted or given to
		Health History		
Camper□s Name		Wgt		
Please indicate any allergie	es:			
Food	Insect		_Drug	
Last Tetanus Shot//				
Diabetes	Headache	Heart (Condition	
Seizures	Nosebleed	Other		
Asthma Fair	nting			
Physical disabilities:				
Restriction of activities:				
Medical Insurance Co		Poli	cy	
Parent/Legal Guardian:			Date:	
Emergency Contact phone:				