

2012 HEALTH INFORMATION FORM

We'd appreciate it if you'd complete and return this form by the date indicated in your letter.

If anything should change prior to your arrival, please be sure to let us know. Thank you.

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Child's Name: _____ Age at arrival: _____ Date of Birth: _____

Grade as of fall 2012: _____

Parents' First and Last Name: _____

Dates that you'll be here: _____

Cell Phone Number: _____ Email Address: _____

Does your child have any health issues or behavioral issues that we should know about in advance so we can properly prepare for his/her stay (such as a disability, serious allergy, special dietary requirement, behavioral issue that requires assistance at school, etc.)? Yes No If yes, please describe:

If your child is taking medication, and it is necessary for the medication to be administered while your child is in "group", do you give permission for your child's program director, counselor or caregiver to administer the medication you provided? Yes No N/A

In the case of severe allergies, we will carry your child's Epi-pen in the group backpack. Do you give permission to your child's program director, counselor or caregiver to administer the Epi-pen you have provided? Yes No N/A

In the event of a minor allergic reaction, do you give permission for your child's program director, counselor or caregiver to administer Benadryl? Yes No

In case of fever, do you give permission for your child's program director, counselor or caregiver to administer Tylenol or Ibuprofen? Yes No

In the event your child becomes ill or injured, do you give permission to staff to seek and/or provide emergency medical care? Yes No

Does your child have a communicable disease of which we should be aware so that we can properly accommodate your child and others with whom your child may come in contact? Yes No
(If this occurs at any time up to your arrival, please contact us immediately.)

Please use this space if you have any other comments or suggestions concerning your child's care:

Due to the way viruses spread, we'd appreciate it if you'd please keep your child out of group until he/she is well again and/or has been fever free for 24 hours.

By checking the electronic signature box, I understand that I am signing this health form and confirming that all the information I've provided is accurate and up-to-date.