



MEDICAL ALERT FORM

DO NOT MAIL ~ PLEASE BRING COMPLETED FORM TO FIRST DAY OF CAMP

Dear Parents,

We are so excited to have you child join us for a week of hands on science. To ensure the health, safety and success of your child while at camp please complete the following form. This form will be kept on-file on site for the duration of the summer.

Check week(s) at camp:

- 6/09-6/13 6/16-6/20 6/23-6/27 6/30-7/03 7/07-7/11 7/14-7/18
- 7/21-7/25 7/28-8/01 8/04-8/08 8/11-8/15 8/18-8/22

CHILD'S NAME: _____ SITE: _____

MOTHER'S NAME: _____ CELL: _____

FATHER'S NAME: _____ CELL: _____

Will your child be on prescription medication during these weeks? Yes No

I understand that all medication must be provided **daily** in original pharmacy packaging with the child's name and dispensing instructions on the label.

I hereby authorize Destination Science to assist my child in taking their prescribed medication: Initial: _____

Medication: _____

Instructions/Dosage: _____

Time(s) of Day: _____

Day/Date	Dosage	Time	Staff Person
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			

HEALTH INFORMATION:

- Does your child have a need to use a rescue inhaler during camp? Yes No

If YES, does your child need staff help to use that rescue inhaler? Yes No

If YES, what are triggers for symptoms? _____

- List Allergies _____ – High Risk for Severe Reaction? Yes No

Symptoms: Difficulty in breathing Swelling of face/lips Hives Vomiting

Other (explain): _____

Action Plan for Minor Reaction: _____

Action Plan for Major Reaction: _____

Does your child carry an EpiPen? No Yes, please show staff the location of EpiPen.

- Does your camper have any restrictions or adaptations that would prevent him/her from participating in camp activities? No Yes, comments: _____
- List any medical, physical, emotional, behavioral or social conditions that may affect your camper's experience while on-site: _____

Action Plan: _____

Parent/Guardian Authorization--This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis. **Destination Science – 1.888.909.2822 or info@destinationscience.org**

Parent / Guardian Signature: _____ Date: _____

DESTINATION SCIENCE

A nonprofit organization dedicated to getting kids excited about science & building great life skills. ID# 33-0943159

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