



MEDICAL ALERT FORM

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

We are so excited to have your 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 this form & bring to camp on first day.

Check week(s) your child will attend camp:

- 6/05-6/09 6/19-6/23 7/3-7/7* 7/17-7/21 7/31-8/04 8/14-8/18
- 6/12-6/16 6/26-6/30 7/10-7/14 7/24-7/28 8/07-8/11 8/21-8/25

CHILD'S NAME: _____ SITE: _____
 Mother/GUARDIAN: _____ CELL: _____
 Father/ GUARDIAN: _____ CELL: _____
 OTHER: _____ CELL: _____

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

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

_____(Initial) I hereby authorize Destination Science to assist my child in taking prescribed medication when needed.

Medication: _____ Location of Med(s): _____

Instructions/Dosage: _____ Time(s) of Day: _____

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

HEALTH INFORMATION:

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

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

If YES, what are triggers for symptoms? _____

- List Allergies

High Risk for Severe Reaction? ___ No ___ Yes ___ Possible

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

Other (explain): _____

Action Plan for 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 at camp?

No Yes, Comments: _____

List any medical, physical, emotional, behavioral or social conditions that may affect your camper's experience:

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

Parent / Guardian Signature: _____ Date: _____, 2017

DESTINATION SCIENCE

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