MEDICAL ALERT FORM

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

Dear Parents, 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 the following form.

Check week(s) at camp:

☐ 6/08-6/12 ☐ 6/15-6/19 ☐ 6/22-6/26 ☐ 6/29-7/02 ☐ 7/06-7/10 ☐ 7/13-7/17
☐ 7/20-7/24 ☐ 7/27-7/31 ☐ 8/03-8/07 ☐ 8/10-8/14 ☐ 8/17-8/21

CHILD'S NAME: _____ **SITE:** _____

PARENT/GUARDIAN: _____ **CELL:** _____

OTHER EMERGENCY CONTACT: _____ **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 & dispensing instructions on the label. I hereby authorize ☐ Destination Science to assist my child in taking their prescribed medication -OR- ☐ My child may self-administer his/her own medication (older children).

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

  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 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

Parent / Guardian Signature: _____ **Date:** _____

DESTINATION SCIENCE
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