

C.I.T. MEDICAL FORM

C.I.T.'s Name: _____

Health Card Number: _____

Family Doctor: _____

Family Doctor's Address: _____

Postal Code _____ Telephone _____

E-Mail Address (optional) _____

Parent or Guardian Please Complete the Following (please print)

Is the C.I.T. immunized? (Please check)

Tetanus _____ Date: _____ Polio _____ Date: _____

MMR _____ Date: _____ Diphtheria _____ Date: _____

Allergies? Bee, wasp or hornet sting _____ Penicillin _____ Other drugs _____ Animals _____
Foods (Please List)

Carries ANA kit: yes ___ no ___ Carries Epipen: yes ___ no ___

Describe any physical or emotional characteristics that may be useful knowledge for the camp health care staff:

Describe any treatments or special medications to be given at camp:

List any restrictions to camp activities:

To the best of my knowledge this camper is in good health and able to participate in all camp activities. (Signed by parent or guardian)

Does C.I.T. use medically prescribed earplugs? Yes ___ No ___

Is your child a bed wetter? Yes ___ No ___ Sometimes ___

Does C.I.T. have any diagnosed learning disabilities (i.e. ADD/ADHD or Autism)?

Yes ___ No ___ If yes please describe the condition and we will try to accommodate it:

Send prescription drugs in a pharmacy container with the name of camper, medication, and dosage information clearly visible. These are to be given to camp nurse on arrival.

Name of medication: _____

When administered: _____

Allergies:

Medical conditions:

Can camper have _____ Tylenol or _____ Motrin, if necessary?

As a parent or guardian, I hereby authorize the camp director(s) or nurse to secure medical services as may be deemed necessary for the health and safety of my child (ward).

Signature of parent or guardian _____

Date _____

To the best of my knowledge, all the above information is correct.

Signature of parent or guardian:

Date:
