

The Teen Center Summer Camp 2023: Health Information & Authorization

Health History

The following information must be filled in by the parent/guardian. The intent of this information is to provide The Teen Center personnel the background to provide appropriate care, or information to any emergency medical services that could be necessary. Keep a copy of the completed form for your records. Any changes to this form should be provided to The Teen Center personnel upon the participant's arrival to camp each day. Provide complete information so that The Teen Center personnel will be aware of the youth's needs, and so as to keep them safe.

Camper Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Sex: _____ Gender Identity/Pronouns: _____

Physician

Name: _____ Practice: _____ Phone: _____

Dentist

Name: _____ Practice: _____ Phone: _____

ALLERGIES List all known medical and food allergies. Only list food allergies if reactions are severe or fatal.

SPECIAL DIET If your child requires a doctor prescribed diet, please indicate diet and reason below.

(Please attach sample menu or special food list.)

Health Conditions and Information Please list any conditions or other health related information that Teen Center staff should be aware of.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Please bring any medications that are needed during the hours of camp. Bring prescription medicines in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. The lead staff member will have a backpack containing all first aid and medications that will always be with the group. We ask that medications be held by the lead staff member, to prevent theft or sharing. We will have available Tums, Pepto, Midol, Tylenol and Ibuprofen.

This person takes NO medications on a routine basis.

Med #1: _____ Dosage: _____ Specific Times Taken Each Day: _____

Reason for taking: _____

Med #2: _____ Dosage: _____ Specific Times Taken Each Day: _____

Reason for taking: _____

Med #3: _____ Dosage: _____ Specific Times Taken Each Day: _____

Reason for taking: _____

Med #4: _____ Dosage: _____ Specific Times Taken Each Day: _____

Reason for taking: _____

Please attach an additional page if further medications are taken.

The youth has an epi pen or other emergency medication. If so, they will bring the medication with them all days of camp.

Yes _____ No _____

I give my permission for my child to hand Teen Center staff any medication that they might need during the day for safekeeping and for the lead Teen Center staff member to return those at the specific times listed above and at the end of the day.

Yes _____ No _____

I give my permission for an ACT staff member to provide the youth with Tums, Pepto, Midol, Tylenol or Ibuprofen if they feel they need it per the bottle's prescribed doses.

Yes _____ No _____

COVID-19 Statement

For the health and safety of all teens under our care this summer, it is important that all families are aware of the health-based exclusions and recommendations tied to the COVID-19 Pandemic. Youth who are exhibiting any signs of illness, including runny nose, fever, sore throat, cough, etc. may not attend camp, and staff will perform wellness checks each morning. If your child has asthma, please get in touch with your child's doctor before committing to camp to make sure that it is safe for them to participate. Children with known allergies with runny noses that run *clear* are permitted, but please make sure those allergies are noted in this document. Thank you!

Parent/Guardian Authorization: This health history is correct and complete to the best of my knowledge. I agree to notify The Teen Center if any change has occurred in the youth's medical condition upon arriving at camp each day. I hereby give permission to the camp to provide first aid, dispense prescribed medications, and seek emergency medical treatment. I give permission to the camp to arrange necessary related transportation for my youth. I agree to the release of any records necessary for insurance purposes or to inform emergency personnel. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by The Teen Center to secure and administer treatment, including hospitalization for the youth named above.

Printed Name: _____

Date: _____

Signature: _____

Date: _____