

Parkwood Elementary School
5th/6th Grade Camp Health Information

Student name _____ **Teacher** _____

Please complete the following:

| | | | |
|----------------------|-----------------------------|------------------------------|-------|
| Allergies: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Asthma: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Bedwetting | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Car Sickness | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Diet Restrictions | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Physical Limitations | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Seizures | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Sleep concerns | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |

Medication – please read EACH of these instructions:

****WE NEED A COMPLETED MEDICATION FORM SIGNED BY PARENT/GUARDIAN AND LICENSED HEALTH CARE PROVIDER FOR ALL MEDICATION (PRESCRIPTION AND OVER-THE-COUNTER – THIS INCLUDES MEDICATION LIKE TYLENOL, MELATONIN, HYDROCORTISONE OINTMENT, ETC.)****

Medication must be brought to school by parent/guardian *in the original bottle at least one week prior to camp.

***If we already have an order from a license healthcare provider for an *as needed* medication (such as for an epi-pen or asthma inhaler), we do NOT need an additional form for camp. We will also take the epi-pen/inhaler from school to camp.**

***If possible, please send only enough pills/tablets that will be needed at camp**

***If parent/guardian will be administering all medication at camp, we do not need the attached doctor's order form, but please still complete THIS health form**

***All controlled medication (such stimulants for ADHD) brought in for camp must be counted together and signed by parent and nurse/school staff at school prior to camp.**

Daily Medication No Yes _____

As needed medication No Yes _____

Other health information you would like to alert staff to: _____

Parent/Guardian Signature: _____ Date: _____