



Summer Camp Form

We strive to make Cool Current Camp a safe place for our campers. One way we do that is by having you complete a health history for your child so that we may be better prepared in the event of an emergency. The health form is kept confidential and used by our health care staff (or emergency medical personnel). Every camper needs a completed health form to participate in any Cool Current summer camp programs.

Please fill out this form as completely as possible. Campers are not singled out, made to feel embarrassed or treated differently because of information gathered from the health form. Rather, the more we know ahead of time, the easier it is to help your child have a successful experience at camp. Thank you!

SECTION I – BASIC CONTACT INFORMATION

Camper Name _____

Birth date / / Age _____ Gender _____

Home Address _____

Home Phone _____

Father / Mother / Guardian #1 Name _____

Phone (1) _____ Phone (2) _____

Father / Mother / Guardian #2 Name _____

Phone (1) _____ Phone (2) _____

Additional Emergency Contact

Relationship _____ Name _____

Phone (1) _____ Phone (2) _____

Family Physician

Name _____ Phone (1) _____

SECTION II – MEDICATIONS & RESTRICTIONS

Will camper be taking medications while at camp? Yes No (Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

Medication _____ Dosage _____ Take at what times _____

Reason for Prescribing _____

Taking Physician _____ Phone _____

For females, has she menstruated? Yes No If not, has she been told about it? Yes No

Special Dietary Needs _____

ALLERGIES

Camper does not have any Allergies

Camper is allergic to 1. Hay Fever 2. Poison Ivy/Oak 3. Insect Stings 4. Food 5. Penicillin 6. Other Drugs

7. Other List allergy _____

Describe reaction and treatment _____

Describe reaction and treatment _____

Describe reaction and treatment _____

SECTION III – AUTHORIZATION

My child _____ has permission to engage in all prescribed camp activities except as noted. I give permission to Cool Currents Camp to transport my child as needed for camp activities. I give permission for forms to be copied for activities occurring off of camp property. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations, which should be known to the camp staff and medical personnel. I hereby give permission to medical personnel selected by the camp director to order x- rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel to secure and administer emergency medical treatment, including hospitalization for my child.

Signature of Parent or Guardian _____ Date _____

Mail Completed Form To:

Halima Nalo Afi
22833 Upland Way
Hayward, Ca 94541