

HUNT HILL AUDUBON SANCTUARY MEDICAL FORM - YOUTH

DATE(S) OF PROGRAM(S) ATTENDING: _____

CAMPER'S FULL NAME: _____

Street, City, State, Zip: _____

PHONE: (H) _____ (C) _____ (W) _____

DATE OF BIRTH: _____ AGE: _____

Our camp provides first aid only. In the event of illness, or injury, a doctor will be called at the participant's expense.

In an emergency, the camper will be transported to Spooner Memorial Hospital, unless preference is noted here: _____

In case of emergency, who should be notified?

NAME: _____ RELATIONSHIP: _____

STREET: _____ PHONE: (H) _____

CITY: _____ STATE _____ ZIP _____ (C) _____ (W) _____

FAMILY DR: _____ CLINIC _____

ADDRESS _____ PHONE _____

HEALTH CONDITIONS AND ALLERGIES

Are activities in any way limited now? _____

Has the camper been ill recently? _____ With what? _____

Is camper allergic to any medication? (specify) _____

Is camper allergic to any insects or plants? _____

Is the camper currently taking any medication? _____

Date last tetanus booster: _____

DIETARY NEEDS AND FOOD ALLERGIES

List special dietary needs or food allergies: _____

PAST MEDICAL HISTORY

Any history of asthma or severe allergic reaction? _____

Previous surgery? _____

Previous severe injuries (broken bones – major trauma)? _____

Previous hospitalization? _____

Any issues requiring regular medical attention? _____

INFORMED CONSENT WITH APPROVAL TO GIVE:

EPINEPHRINE (EPI-PEN® OR EPI-PEN JR®) _____ DIPHENHYDRAMINE (BENADRYL®) _____

ACETAMINOPHEN (CHILDREN'S TYLENOL) _____ IBUPROFEN (MOTRIN® or ADVIL®) _____

Epinephrine and/or diphenhydramine may be administered for the management of an allergic reaction with the intent to improve recovery and to reduce the incidence of disability. Over-the-counter acetaminophen and/or ibuprofen may be administered for the management of pain.

By signing below, I certify that all information above is accurate and correct. In addition, I give my consent for Hunt Hill staff to administer the medication/s that I have approved under the informed consent portion of this form.

Guardian Printed Name: _____

Signature: _____ Date _____

**Please fill out one medical form PER camper.