

CAMPER INFORMATION SHEET – 2008

MEDICATION INFORMATION:

Does your child take medications on a regular basis at home? Yes _____ No _____

If yes please list all medications below (For example, Folic Acid, Penicillin VK, Hydroxyurea, etc.)

PLEASE LIST ALL MEDICATIONS CAMPER IS TO TAKE WHILE AT CAMP

(Please remember to send a 2 week supply of medications to camp with each camper)

<u>Medication Being Sent</u>	<u>Dose(in mg)</u>	<u>Time Taken?</u>	<u>Reason for Taking</u>
1. _____			
2. _____			
3. _____			
4. _____			

ALLERGIES:

My child has allergies to the following medications: _____
Describe Reaction: _____

My child is allergic to:
Insects _____ Spiders _____ Bees _____ Wasps _____ Others: _____
Describe Reaction: _____
Is it life threatening? Yes _____ No _____
Will he/she be bringing an EPI-PEN to camp? Yes _____ No _____

Seasonal or Environmental Allergies: _____
Describe Reaction: _____
Treatment: _____

Does your child have asthma? Yes _____ No _____
If Yes, please send inhalers with child.

OTHER HEALTH CONCERNS:

Does your child have bed-wetting? Yes _____ No _____ If Yes, how often each night? _____

What size of pull-ups or goodnights does your child wear? _____

Any other behavioural/ health concerns:

To the best of my knowledge all medical problems or conditions pertaining to the Camp Jumoke Camper have been fully noted. I give permission for this health information to be shared with the appropriate camp staff and medical personnel as necessary. If the parent/guardian cannot be reached, permission is hereby given to the camp medical staff to take whatever steps they deem necessary to ensure the safety and health of the camper. Note: Camp Jumoke provides ongoing medical support to the camper while they are in attendance at camp.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

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Campers' Name: _____

Campers' Age: _____

Please attach a **recent** picture of your child in the space provided:

Diet Information

Special diet alternatives are available and must be pre-selected. Once selected, that is the menu choice for each meal at Camp. No substitutions or switching will be allowed during the Camp Period. Please check one if applicable:

- My child does not eat red meat
- My child requires the vegetarian alternative
- Other dietary restrictions: _____

Food Allergies: _____

If your child has a food allergy is it life-threatening? Yes ___ No ___

If yes, will he/she be bringing an EPI-PEN to camp? Yes ___ No ___

NO SNACK FOOD ALLOWED

Laundry Services

Laundry service is provided on a weekly basis by Camp Wenonah at a fee of approximately \$20. Please refer to document that you will receive from Camp Wenonah. Parents are responsible for all laundry costs.

Cabin Mate Request

List up to two requests for cabin mates who are the same age or no more than 18 months of age difference. Each child being requested as a cabin mate must also request for your child to be a cabin mate on their application.

1. Name _____ **Age** _____ **2. Name** _____ **Age** _____