

Stella Niagara Outdoor Education Camp Health Form

Return completed health form with registration form and deposit.

Child's name _____ Date of Birth _____ Age _____
M/F _____

Parent/ Guardian _____ Phone _____

Address _____

IN AN EMERGENCY, IF YOU ARE UNAVAILABLE, WHO SHOULD WE NOTIFY:

Name _____ Relationship _____ Phone _____

Health Record

Physician _____ Phone _____

Allergies (including food, medicine, insect bites, plants, latex, hyper-sensitivities, etc.)

Any other health considerations we should be aware of? (Asthma, seizures, etc.) _____

Permission to Administer Medications

According to NYS Health Code, if your child is to take any prescription or over-the-counter medications while at camp, we must have an order signed by your child's physician. This includes administration of medications for emergency situations, such as bee stings.

Prescription medications that will be taken at camp must be provided in their original containers, labeled with the camper's name.

Bring medications at drop-off on the first day of camp. All medication will be returned at pick-up on the last day of camp.

_____ Prescription Medications	_____ Epi-pens	_____ Oral Benadryl	_____ Topical Benadryl
_____ Neosporin	_____ Insect repellent	_____ Sunscreen	

Permission: I understand that every effort will be made to contact the adults listed above in the case of an emergency. In the event no one can be reached, I hereby give permission to the staff of Stella Niagara to secure proper treatment.

Signature _____ Date _____