

UWSP Camp Health Form (Continued)

Health Conditions (check)

- Asthma
- Diabetes
- Epilepsy
- Any dizziness, light-headedness or fainting associated with exercise within the past year
- Any unexplained, rapid or irregular heart beat within the past year
- A physician has sometime denied or restricted participation in sports due to a heart problem

Allergies (check & list specifics)

- Insect stings _____
- Foods _____
- Medications _____
- Other _____

Do any allergies require an EPIPEN Injection? Yes No

Date of last Tetanus booster : _____

Name of Insurance Co.: _____ Policy #: _____

Description of any limitation or restriction of camp activities: _____

Any special physical or emotional conditions that we need to be aware of regarding your child's participation in this camp (include circumstances when physician should be notified)? _____

Medications camper will be taking at camp:

Name of Medication	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

1. Does the camper experience any side effects from the medication? (i.e., mood/behavior changes, upset stomach, diarrhea) Yes No

2. List any special instructions or additional information regarding the medication that would be helpful to the Health Care staff:

*** FOR CAMP USE ONLY – TO BE COMPLETED BY HEALTH CARE STAFF AT CHECK-IN ***

1. Are there any changes in your child's health status since the medical forms were sent in? No Yes
2. Has your child, or anyone in your family been sick or exposed to any communicable disease in the past month? No Yes
3. Does your child now have any rashes or open sores? No Yes
4. Are there any changes in your dependent's medications? (If Yes, Staff make changes . & sign) No Yes
5. Does your child have any recent injury or activity restrictions? No Yes
6. Will the custodial parent(s) or guardian be available at the numbers listed on this form during the camping session? No Yes
 If NO, list the name & phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the reverse side of this form:

Information provided by: _____ **To:** _____ **Date:** _____