

HEALTH CARD

Camp Age Group:

<p>Camper Full Name:</p> <p>Cabin Number:</p> <p>Birth Date:</p> <p>Parent/ Guardian:</p> <p>Contact Number: (home and cell)</p> <p>Medical Information (Insurance):</p> <p>Immunizations Up to Date: Y / N</p> <p>Tetanus Up to Date: Y / N</p>	<p>Allergies:</p> <p>Explain Reaction(s):</p> <p>Medication(s): Y / N</p> <p>Epi Pen: Y / N</p> <p>Other Health Concerns:</p>
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Parent/ Guardian Information Below:			Staff Completion Below (Date and Initials):						
Medication:	Indicate Time(s) of Administration with an X:	Reason for Medication/ Comments:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Dosage:	Breakfast								
	Lunch								
	Dinner								
	Bedtime								
	Only as Needed								
	Other:								

Notes:

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	Lunch								
	Dinner								
	Bedtime								
	Only as Needed								
	Other:								

Notes:

Check IN:

Parent/ Guardian Name: _____ Parent/ Guardian Signature: _____ Date: _____

Staff Member Name: _____ Staff Member Signature: _____ Date: _____

Check OUT:

Parent/ Guardian Name: _____ Parent/ Guardian Signature: _____ Date: _____

Staff Member Name: _____ Staff Member Signature: _____ Date: _____