

Medical Form

Camper's Name _____

List Camps signed up for _____

Emergency numbers or people authorized to pick up your child:

Name _____ # _____

Name _____ # _____

Name _____ # _____

This information is confidential to camp directors and first aider unless it is needed for medical reasons.

1. Is there any special information that you would like to share that would enable us to serve your child better?

No Yes*

*The appropriate person from the department will call you or you may attach a note to this form.

2. Is the camper allergic to ANYTHING?

3. Is the camper under medical care for any illness or condition?

4. Should the camper's activities be restricted in any way?

5. What medications is camper taking NOW?

6. Please include any medications camper has taken regularly or may be coming off of:

7. Does Camper wear eyeglasses? _____

8. Name of child's doctor _____ Phone # _____

Signing below is my permission for my child to participate in all camp programs offered. I also give my permission for the camp Director or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency. I release and hold the town of Redding harmless from any injuries incurred in town recreational activities.

Parent's Signature _____

*Any camper who has medication administered during camp hours must have our camp's "Administration of Medicine and Medical Treatment Form" filled out by a doctor **before** attending camp. Forms are available at the Redding Park and Recreation website www.townofreddingct.org. The form MUST be received by the Wednesday before camp begins. We will not give out medication without a completed form on file and medicines in their original container.