

PLEASE CHECK ONE: Day Camp \_\_\_\_\_ Resident Camp \_\_\_\_\_ Both \_\_\_\_\_

**MEDICAL FORM**

Please complete this form and return to LFYC on or before camper's first day of camp. Campers CANNOT attend camp without this card on file with the First Aid area.

Camper's Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ DOB: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Wk: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Wk: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (in the event that parents cannot be reached): \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

Does camper have medical insurance? Yes or No

Does camper take medication on a daily basis? \_\_\_\_\_

If yes, list medications and doses: \_\_\_\_\_

(Use back of form if needed)

List below any known physical, mental or emotional condition your child may have such as allergies, asthma, ADHD or diabetes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our First Aid facility is equipped to provide initial treatment of illness or accidents. **All medication (prescription, "over the counter", vitamins and creams), must be in the original pharmacy labeled container** with clear administration instructions and must be turned in to first aid staff upon arrival.

**OPTIONAL MEDICAL CONSENT**

I, \_\_\_\_\_, give permission for LFYC staff to administer the following "over the counter" medications if necessary:  
(Parent or Legal Guardian)

Tylenol	Yes/ No	Benadryl	Yes/ No	Robitussin	Yes/ No
Sudafed	Yes/ No	Tums Antacid	Yes/ No	Advil/Motrin	Yes/ No
Claritin	Yes/ No	Children's Pepto	Yes/ No	Imodium	Yes/ No

Parent or Legal Guardian Signature: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Name

Last Name