

# Girls Incorporated of Worcester

## Camp Kinneywood Medical Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Allergies:** Check all that apply:

Animals(specify)\_\_\_\_\_ Food(specify)\_\_\_\_\_ Plants(specify)\_\_\_\_\_  
Insect stings(specify)\_\_\_\_\_ What does the reaction look like?\_\_\_\_\_  
Medications\_\_\_\_\_ Other(specify)\_\_\_\_\_

**Health Conditions:** Check all that apply

Emotional Disturbances \_\_\_\_\_ Wears glasses \_\_\_\_\_ Fainting \_\_\_\_\_  
Nose Bleeds \_\_\_\_\_ Hearing Loss \_\_\_\_\_ Special Dietary Needs \_\_\_\_\_  
Tubes in Ears \_\_\_\_\_ Attends Counseling \_\_\_\_\_ Other(specify): \_\_\_\_\_

**Medications:**

Is your child currently on any medication\* Y \_\_\_\_\_ N \_\_\_\_\_

If yes, for what reason(s)? \_\_\_\_\_ (please use back if needed)

Child's Pediatrician: \_\_\_\_\_ Tel: \_\_\_\_\_

**Comments:**

Please explain any of the above checked health conditions. (All information is both confidential and helpful to the adult in charge of your child.) :

Specific activities to be encouraged: \_\_\_\_\_

Restricted: \_\_\_\_\_

***My child may participate in all activities except those noted above. I give the camp director and staff permission to secure medical treatment and or hospital care for my child in case of an emergency.***

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

◆If a camper brings medication from home; it must be accompanied by written authorization to be administered. The medication must have written directions from the Physician and Parent. All meds must be in the original container. If we do not have this permission and authorization, we cannot administer the medication under State Regulations.

**This form must accompany your child's registration form for camp. Registration will not be complete and your child will not be allowed to attend camp without this completed health form and a copy of your child's most recent and up to date Immunization record.**

**girls  
inc.**