



**BRYANT POND 4-H CAMP AND LEARNING CENTER
OVERNIGHT LAKESIDE CLASSROOM PROGRAM
HEALTH HISTORY AND MEDICAL AUTHORIZATION FORM**

Instructions: We ask that you complete this form in order to help assure that your child's experience at Bryant Pond 4-H Camp & Learning Center will be healthy and happy. It is not necessary to have this form filled out by a physician. Please return this form to your child's classroom teacher as soon as possible. Please call 665-2068 with medical concerns or if special circumstances are required. Thank you for your cooperation.

School Name _____ Male _____ Female _____
 Participant's Name _____ Birth Date _____
 Home Address _____ Email _____
 Insurance Carrier _____ Policy Number _____

MEDICATIONS BEING TAKEN: The Bryant Lakeside Classroom program staff will administer prescription and over-the-counter medication. If your child requires medication, including over-the-counter drugs/vitamins, please provide all needed medication, supplies and/or instructions to your child's classroom teacher on the day of the program. Our medical staff will distribute all medications while at camp. Please send medications in their original packaging/bottles.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____
 Med #2 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____
 Med #3 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____
 Attach additional pages for more medications

* What, if anything, do you want your child to be given in case of headache? _____

* Will you allow over-the-counter medications such as Maalox, Benadryl, Pepto-Bismol, etc., to be given to your child? _____

<u>Allergies (list all known)</u>	<u>Reaction type and management</u>	<u>Food restrictions (circle)</u>
Medication allergies (list) _____ _____	_____	No Red Meat No Egg
Food allergies (list) _____ _____	_____	No Poultry No Pork
Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc. _____ _____	_____	No Seafood No Dairy
		Other: _____

PHYSICAL RESTRICTION Are there any factors, which makes it advisable for your child to follow a limited physical activity program?
 If yes, please explain _____

*Please use this space to provide any additional information about the participant's behavior, physical, emotional, or mental health about which school professionals/camp staff should be aware

HEALTH HISTORY

Please check below those that apply and give approximate dates where applicable.

_____ Anxiety	_____ Heart Trouble	Immunization Record:
_____ Asthma	_____ Nosebleeds	
_____ Bedwetting	_____ Sinus Infection	
_____ Bleeding/clotting disorders	_____ Sore Throat	
_____ Seizures	_____ Sleepwalking	
_____ Cramps (in water)		
_____ Diabetes		
_____ Ear Trouble		
_____ Eating Disorders		
_____ Fainting		
	Diseases:	_____ Diphtheria
		_____ Hepatitis B
		_____ Measles
		_____ Mumps
		_____ Pertussis
		_____ Polio
		_____ Rubella
		_____ Tetanus
		_____ Vexicolla(Chicken Pox)
_____ Hay Allergies	_____ Mumps	
_____ Headaches	_____ Other	

PARENT/GUARDIAN AUTHORIZATION

I hereby authorize the Bryant Pond 4-H Camp Staff and/or representative(s) from the school to consent to medical treatment for my child, and to transport my child to a medical facility if necessary. I will not hold these parties responsible for the consequences of exercising this power so long as they act in good faith with the best interest of my child in mind. I further consent to any treatment by any hospital or physician, which, in their judgment, is in the best interest of my child. I will not hold any hospital or physician responsible for the consequences of accepting my child for treatment upon receiving the consent of Bryant Pond 4-H Camp Staff and/or representative(s) of the school upon being shown this Medical Authorization. I expect to be informed of my child's condition and of treatment provided as soon as possible.

SIGNATURES OF PARENTS OR GUARDIANS (both parents should sign, if possible):

 Parent or Guardian Home Phone # _____ Cell or Work Phone # _____

 Parent or Guardian Home Phone # _____ Cell or Work Phone # _____

If we cannot reach you, please name another person to contact in case of emergency:

_____ Name	_____ Relationship	_____ Phone
_____ Family Doctor		_____ Phone

Today's Date: _____ Date of last doctor visit or physical: _____

**If for religious reasons you cannot sign this authorization, please contact the Bryant Pond 4-H Camp at 665-2068*

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