

**KCC Individual Camper
Health Information**

This form must be completed in its entirety and returned with camp registration in order for your child(ren) to be considered registered for camp.

Please make copies for additional campers.

The document will be kept on file in the Health Room in case of an Emergency.

Camper Name _____ Age (at camp) _____

Address _____

Emergency Contact during camp hours:

Name _____ Phone _____

Health Insurance Company _____ Policy # _____

Health Concerns Health Room should be aware of:

___ General Medical: _____

___ Asthma: _____

___ Allergies: _____

___ ADHD: _____

___ Anxiety Issues: _____

___ Other: _____

Any restrictions in activity or accommodations needed to ensure a safe, happy learning environment for the camper: _____

Medications given at home that will be in your child's system during camp hours or that the Camp Nurse must administer (give name of medication, dosage and time to be given if applicable): _____

Please see back of form for medications to be administered at Camp (over-the-counter and prescription).

**Korean Culture Camp
PARENT/GUARDIAN MEDICATION CONSENT FORM**

The KCC Camp Health Room will only administer medication that has been authorized to be given by a parent (over the counter) or physician (prescription). This form must be signed and on file with the Health Room prior to medication administration.

A prescription bottle with name of medication, dosage, MD name and phone number will serve as authorization for prescription medications unless the dosage is different. Then the physician signature on this form must accompany the medication.

Full name of camper receiving medication_____

Date of Birth_____

Name of Medication(s)_____

Dosage_____

Physician Name (for prescription meds)_____

Physician Phone Number_____

Reason for medication_____

If medication is non-prescription, for what reasons should it be given?_____

State any side effects student might have from this medication:_____

Signature of Parent/Legal Guardian

Date

Signature of MD if prescription dosage different

Date