

TROLLFJORDEN CAMP

Youth Consent & Health Status Information

All information held in the strictest confidence. For use by the camp medic only. Camper Info. below

Name _____ Date of Birth _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Phone# _____ - _____ - _____

Family Doctor _____ City _____ Phone _____ - _____ - _____

Health Insurance Carrier _____ Policy # _____

Health Status Information: *use the back page for additional information you feel is important.*

- Has your child been exposed to any communicable diseases within the past 2 months? And list

- Are his/her immunizations up to date: _____ Date of Last Tetanus Booster _____

- Do you have any allergies: _____ If so, allergic to: _____

Severity & Type of reaction: _____

Usual Treatment Needed _____

- Do you have any health problems which require medication or special treatment?

- Medications: (Please list and include dosage and times taken)

_____. **Children's medications must be retained by the camp medic and administered by said medic or Guardian at camp. Please label them clearly, including the dosage and schedule. If you child carries an inhaler, it is recommended that a back up inhaler be left with the medic in case of loss.**

To the best of my knowledge, my child is in good health and may participate in all camp activities with the exceptions identified here: _____

Parent/Guardian Signature

Date

Consent For First Aid Assessment and Treatment

I hereby give my consent for the camp medic to administer First Aid to my child while attending Trollfjorden Camp. I understand that First Aid includes assessment and treatment of minor illness and injury. If required, this includes the administration of non-prescription medications including topical ointments for prevent infection of minor wounds, pain or fever medications such as *Tylenol*, and

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medication for upset stomach or diarrhea such as *Pepto Bismol* providing there is no indication of allergy to them listed above. I also give my consent for the camp medic to arrange to transport my child to a medical facility if in their opinion the child requires assessment/treatment by a physician. All reasonable efforts will be made to contact the parent/guardian as soon as possible if physician assessment is required. **By signing this form, I absolve Trollfjorden from liability in acting on my child's behalf.**

Parent/Guardian Signature

Date

NOTE: Circle **YES** if you are using the reverse side for additional information.