Health History Release

Name: _____ Birth Date_____ Sex M F
Last name of student, First Middle Initial

Address_____

Father _____Home Phone_____ Cell Phone_____
Last name, First

Mother _____Home Phone_____ Cell Phone_____
Last name, First

Child Lives With (circle) Both Parents Father Mother Legal Guardian _____

Emergency contact_____Relationship_____Phone_____

Family Doctor_____ Phone_____
Name and Address

Health History: Has your child had any of these illnesses? Please circle any that apply

Seizure Disorder	Ear Infections
Measles	Strep Throat
German Measles	Bone/Joint Injury
Mumps	Other Serious Injury_____
Chicken Pox	Hearing/Vision Problem
Scarlet Fever	Other: _____
Heart Problem	Asthma or breathing problems

Is there any restriction during camp for physical activities?_____

ALLERGIES: Please circle any that apply

Drugs
Foods
Nuts/oils
Dairy
Gluten Products
Bee Stings
Latex
Lotions or soaps
Other_____

If any of the above, does your child carry an epi-pen at all times?_____

Health History/Allergy Form continued...

Learning Disabilities or Processing Issues: If your child has any learning disabilities that you feel we should know of or physical limitations as far as cutting, using knives and utensils or comprehension of processing directions, please explain below so that we can help make this an enriching and positive camp experience. **(If you prefer to speak with us in person, please contact Karen Salvatore at 401-294-6800 Thank you)**

Medications During Camp Sessions: If any medication is to be dispensed during your child's camp day, please list below and we will confirm with you at registration:

Authorizations: Emergency Treatment: If my child becomes seriously ill or injured during the camp session, and requires immediate medical attention, he/she may be taken to South County Hospital or to the nearest emergency room. Emergency treatment may be started as indicated by the emergency room physician. Every attempt will be made to contact the parent/guardian at the numbers I have provided. I understand that financial responsibility is mine (parent/legal guardian) not that of Fit 2 Cook 4 Kids summer camp. Critical or lifesaving treatment should not be delayed.

Exceptions: _____

_____

Date signed_____

Signature of Parent/Legal Guardian_____