

**(optional) ADDITIONAL HEALTH INFORMATION (optional)**

**IMPORTANT INFORMATION:**

Please fill out any important information relevant to your child – we don't require every field to be completed. The info on this form will be transferred to our software and kept for the "career" of your child at our camp.

**CIRCLE CAMPUS: Mill Valley / Larkspur / San Rafael**

**CAMPER PHOTO**

**Required** for all children with epi-pens & inhalers. **Strongly encouraged** for all campers!

For children with epi-pens & inhalers, a copy of this document should be posted for all staff to see, including staff that may interact with your child only during a special choice time activity. Having a photo makes a big difference!

BASIC CAMPER INFORMATION							
Child's First & Last Name:		Hair Color:	Eye Color:	Height:			
M / F							
M / F							
ALLERGIES				MEDICATIONS			
<input type="checkbox"/> Bee Stings <input type="checkbox"/> Dust Mites <input type="checkbox"/> Nuts <input type="checkbox"/> Shellfish <input type="checkbox"/> Soy <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Hay Fever <input type="checkbox"/> Dogs <input type="checkbox"/> Eggs		<input type="checkbox"/> Wheat <input type="checkbox"/> Sulfa <input type="checkbox"/> Pollen <input type="checkbox"/> Cats <input type="checkbox"/> Fish <input type="checkbox"/> Milk <input type="checkbox"/> Penicillin <input type="checkbox"/> Poison Oak <input type="checkbox"/>		My child may bring the following medications, in their original prescription containers, to camp with them: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epi-Pen <input type="checkbox"/> Insulin <input type="checkbox"/> (make 2 copies of this form if your child has epi-pen or inhaler) Please describe prescription instructions and bring all medications in the <u>original</u> prescription containers:			
OVER-THE-COUNTER MEDICATIONS - ALLOW CAMP STAFF TO GIVE MY CHILD THE FOLLOWING							
<input type="checkbox"/> Cough Syrup <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Antacid <input type="checkbox"/> Tylenol / Acetaminophen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other (describe below)							
GENERAL QUESTIONS							
Explain any restrictions of activity (e.g. what cannot be done, what adaptations or limitations are necessary)							
When my child gets angry or upset he/she: <input type="checkbox"/> Cries <input type="checkbox"/> Shouts <input type="checkbox"/> "Closes-Up" <input type="checkbox"/> Hits/Pushes <input type="checkbox"/> Runs-Away <input type="checkbox"/> Other:							
ADDITIONAL COMMENTS / NOTES TO THE CAMP STAFF							
<i>One of our main goals is to really get to know your child. Please feel free to list anything here that may help us get to know him/her better. You may also use this space to write any concerns you may have, or you can just "doodle" (we'd love to see your pictures) ☺</i>							
<input type="checkbox"/> YES, additional notes (e.g. copy of insurance card, food allergy action plan) regarding my child are attached on a letter size form.							
MEDICAL INFORMATION				IMMUNIZATION RECORD (optional)			
Which of the following has the participant had? <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps				<b>VACCINE NAME</b> HEPATITIS VACCINE Hepatitis <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
<b>Tuberculosis (TB) Mantoux Test</b> Date of last test _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				D T P TD (tetanus / diphtheria) . . . Varioella (chicken pox) . . . . .			
<b>Child's Blood Type:</b>				Haemophilus influenza B . . . Small Pox . . . . . M M R . . . . .			
PARENT / GUARDIAN WAIVER / AUTHORIZATIONS:							
<b>Permission to use this form and all authorizations each year:</b> All medical information, permissions, waivers, and authorizations on this health form will be considered current and accurate unless I formally request that Camp Doodles remove or update it.							
<b>Medical Insurance:</b> I understand and agree that my child must have health/medical insurance before attending the Camp. My child(ren)'s and/or my own insurance is primary and I agree to be responsible for all medical expenses in excess of, or not included in, the Camp's policy.							
<b>Administer Medications and Carry Inhaler and/or Epi-Pen :</b> I give permission for Camp staff to administer medications specified on this form, including an Epi-Pen, Inhaler, and/or Insulin. I give permission for my child(ren) to carry and self-administer inhaler and/or Epi-Pen.							
SIGNATURE of parent/guardian or adult staff member		Printed Name		Today's Date			

**STAFF:** Put one copy of form and epi-pen in a blue allergy kit.

**FAMILY:** Please return this form, **with photo**, to the Front Office at camp. If your child has an epi-pen or inhaler, *please* bring **TWO COPIES** of this form. The epi-pens or inhalers will go into a blue "allergy kit" fanny pack, which will be yours to keep when camp is over.