



### Cub Adventure Day Camp MEDICAL ALERT

This form is to give you an opportunity to share any information about your son, prior to camp that will help our camp health staff provide the best possible care for your son. This information is for review by the camp director and health staff.

Please indicate any medications, allergies or special concerns that you have for your son.

If you would like to talk to the health staff please indicate on this form and provide a number to contact you.

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
(Street) (City/Town)

**Please Check**

Cub Adventure Day Camp weeks attending: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Medication: \_\_\_\_\_

Route of administration: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Time(s) of Administration: \_\_\_\_\_

Specific directions or information for administration: \_\_\_\_\_

Please list all current medications, even if not to be administered at camp.

\_\_\_\_\_

Any other medical conditions(s):\* \_\_\_\_\_

\_\_\_\_\_

Asthma: \_\_\_\_\_ Medications \_\_\_\_\_ Does he carry an Inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Does he carry an Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_ Does he know how to use it? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ I would like to have a health staff call me about my son.

The best time of day to reach me is \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_ .

Parent's name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_