



## CAMPER MEDICAL INFORMATION FORM

This form provides Yampatika with information required by our licensing that will allow us to make sure that in the case of a medical incident or emergency we are able to offer care for your child.

Please fill out as much information as possible.

Name of Camper: _____	Dates attending camp: _____	Select Camper Group: <ul style="list-style-type: none"> <li>● Yampatykes (ages 5-6)</li> <li>● Nature Explorers (ages 7-8)</li> <li>● Routt Finders (ages 9-11)</li> </ul>
Name of Parent/Guardian: _____	Name of Parent/Guardian: _____	
Does the participant have (or has had) any of the following conditions?	<ul style="list-style-type: none"> <li>● Asthma/respiratory problems</li> <li>● Food allergies</li> <li>● Other allergies (i.e. bee stings, medication)</li> <li>● Severe allergies (requiring Epi-Pen?)</li> <li>● Stomachaches</li> </ul>	<ul style="list-style-type: none"> <li>● Fainting</li> <li>● Diabetes</li> <li>● Seizures</li> <li>● Major illness/surgery this year</li> <li>● Previous injuries (head/back)</li> <li>● Other</li> </ul>
<b>If you checked any of the above boxes, please describe in detail to make sure our staff can best serve the needs of your child.</b>		
Does your child have their own inhaler? <input type="radio"/> YES <input type="radio"/> NO		<b>If your child does have an inhaler, EpiPen, or any other medication, please visit our <a href="#">Camp Forms Page</a> to make sure you send us all of the appropriate forms.</b>
Does your child have their own EpiPen? <input type="radio"/> YES <input type="radio"/> NO		



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<p><u>Please list any daily medications, dosage, frequency of use, and any side effects:</u></p>    	<p>*If your child has medication that is taken during the day, they must bring it to camp in the original packaging with a note from the doctor. You must also submit the Medication Administration Permission form.</p>	
<p>In accordance with Yampatika's camp policies, if your child doesn't have sunscreen, Yampatika staff may provide this for your child. We are only able to provide our sunscreen if you authorize by indicating yes below. We use Rocky Mountain Sunscreen, Kids Broad Spectrum SPF 50.</p>	<ul style="list-style-type: none"> <li><input type="radio"/> <b>YES</b> you may give my child sunscreen</li> <li><input type="radio"/> <b>NO</b> you may NOT give my child sunscreen and <b>they will bring their own</b></li> </ul>	
<p>Medical Insurance Company: _____</p>	<p>Medical Insurance Group Number: _____</p>	<p>Medical Insurance Policy Number: _____</p>
<p>Parent Employer Name: _____</p>	<p>Parent Employer Phone: _____</p>	<p>Parent Employer Address: _____</p>
<p>Doctor Name: _____</p>	<p>Doctor Phone: _____</p>	<p>Doctor Address: _____</p>
<p>Dentist Name: _____</p>	<p>Dentist Phone: _____</p>	<p>Dentist Address: _____</p>
<p>Does your child have any social, emotional, behavioral, or learning needs that may affect their camp experience? Please explain in the space to the right and if we need more details we will reach out to you. <b>This information will not affect your child's ability to enroll in camp; it is requested so that we are able to support all campers' positive &amp; safe experience.</b></p>	          	



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Does your child receive therapeutic or para-professional help in school?

- YES
- NO

If yes, please explain what assistance we might be able to provide at camp:

Please provide any additional information that will help us facilitate a great experience for your child.

I hereby give permission to the Yampatika staff to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow it.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_