

SPECIAL CARE FORM 2019

If your child has a health condition that may require special care, please complete this form and bring it with you on the first day of each camp session and give to the camp director/extended care director. **Please do not send this form to the Camps office.**

Camper name _____ ID# _____

Parent/guardian name _____ Date _____

Phone 1 _____ Phone 2 _____

Name of physician/health care provider _____ Phone _____

Please indicate your child's special or medical condition that may require additional care:

Please describe the symptoms in detail so that we may recognize the condition or reaction:

How do you treat this at home?

How would you like us to respond to this at camp if it becomes necessary?

Do we have your consent to contact your physician for additional information, if needed? Yes No

Other

Does your child have any emotional problems? Yes No Please explain _____

Has your child been diagnosed with ADHD or ADD? Yes No

Is your child on any medication? Yes No Please list _____

If you have any questions concerning this form, please call the Camps Manager at 410-715-3168.

Signature of parent/guardian _____ Date _____