

Camp REYOAD

Health History Update Form

Please complete this form and bring it with you to check-in on June 11th. Use the back of this form to add additional health information updates as needed.

Camper name: _____

Date completed: _____

Completed by: _____

In the past 30 days, has the camper been exposed to or diagnosed with any of the following?

Disease/condition	Yes	No	If yes, please explain
Chicken pox/shingles			
Cough or cold symptoms			
Eye infection			
Flu			
Tuberculosis (TB)			
Hospitalization			
Surgery			
Fall/injury			

Medication information may have changed since the camper's application was originally completed. You must bring a current medication list and schedule using the following format (use the back of this sheet if more room is needed):

Name of Medication & Dosage	Time to be Administered	Special Instructions
<i>Example: Multi-vitamin, 1 tablet</i>	<i>8 A.M.</i>	<i>Give with food. Addition since application was submitted.</i>

All medications will be kept with and dispensed by camp medical staff. Each medication must be in its original prescription container with the original label. All non-prescription items must be in their original packages and labeled with the name of the camper. There will be no exceptions to this rule. ***Please note herbal remedies, vitamins, and oils cannot be administered by the camp or counselors without a doctor's note.***

Name of guardian/case worker if applicable: _____

Signature of camp staff: _____ Date: ____/____/____