



2021 Medical Form

We encourage you to complete this medical form online instead of on paper. If you've shared your email address with us in the past, then you already have an online account. Simply go to impact2818.org/myaccount, enter your email address, and click 'Forgot Password.' Or call (888) 628-2818 for assistance.

If you need to complete the medical form on paper, make sure both sides of this form are completed and returned to the address above as soon as possible, and not later than two weeks prior to the start of the event. Any medical forms not returned by 2 weeks before the event begins must be completed online.

Remember, upon registration you agreed to assess your child for symptoms of COVID-19 for the 14 day period before arrival at camp. For a list of symptoms, please visit impact2818.org/covid-19.

Camper's name: _____ Event start date: _____
Date of Birth: ____/____/____
Address: _____ City: _____ State: ____ Zip: ____
Primary Care Physician: _____ PCP Phone #: (____)____ - _____

Parent/Guardian Contact Information:

Parent name: _____ Phone # C H W (____)____ - _____
Alternate Emergency Contacts:
Name: _____ Phone # C H W (____)____ - _____
Name: _____ Phone # C H W (____)____ - _____

Insurance Information:

Is the camper covered by family medical/hospital insurance? Yes No
Policy holder's name: _____ Employer's name: _____
Relationship to camper: _____ Insurance provider: _____
Group #: _____ Policy #: _____

Allergies:

Does this camper have any food allergies? Yes No
If yes, type of food(s)? _____ Causes anaphylaxis? Yes No
Please describe reaction and what is done to manage it? _____

*Please note, our camp sites are NOT nut-free facilities. A doctor's note is required for all specialized diets. Parents can bring medically necessary supplemental meal items for their camper if arranged with the Camp Site Manager at least two weeks prior to arrival.

Does this camper have any medication allergies? Yes No
If yes, type of medication(s)? _____ Causes anaphylaxis? Yes No
Please describe reaction and what is done to manage it? _____

Does this camper have any other allergies (bee stings, etc.)? Yes No
If yes, type of allergy? _____ Causes anaphylaxis? Yes No
Please describe reaction and what is done to manage it? _____

Camper's name: _____ Event start date: _____

Health Concerns:

Please circle those that pertain to your camper.

- ADD/ADHD Asthma Autism Spectrum Disorder Bedwetting Bleeding/clotting disorder
 Diabetes* Epilepsy Fainting Frequent ear infections Headaches Seizure disorder
 Severe menstrual cramps Sleepwalking Surgical history Other

Describe those circled above and how to best manage ongoing concerns (*for diabetes, give a brief description of daily care needs and a range for the camper's normal blood sugar levels): _____

(For female campers) Has this camper menstruated? Yes No
 If not, has she been told about menstruation? Yes No

Will this camper have any medications (prescription or over-the-counter)? Yes No
 If yes, please list all medications below. Attach an additional page if necessary. All medication must be in its original container, labeled with the camper's name, and given to the medic at check-in. *****Please note herbal remedies, vitamins, and oils cannot be administered by the camp or counselors without a doctor's note. No medication will be given in conflict with its label without a doctor's note.*****

Name of Medication	Dosage	Time to be Administered	Special Instructions
ex 1: Clarinex tablet ex 2: Zyrtec syrup	5mg 1 teaspoon	Breakfast As needed	

Please list any standard, over-the-counter medication your camper should NOT receive (ex. Tylenol, Advil, Imodium, etc.): _____

Date of last tetanus shot: _____ / _____ / _____

In order to set our counselors and your camper up for success, we ask to be informed of any special physical, mental, or emotional concerns relevant to your child. We use this information to provide staffing levels and to ensure that, when we are able, accommodations are available. Please note if your child has an IEP at their school, or has any disabilities, impairments, or other medical information that will help us best serve your camper: _____

