

2021 HEALTH/MEDICATION FORM
 Send filled form to csmith@lancasterctc.edu

Camper Name: _____

Age _____ Weight _____ Date of Birth _____ Last Tetanus Shot _____

Insurance Company Name & Policy Number _____ School District _____

Emergency Contacts

Parent Emergency Contact _____ Alternative Emergency Contact _____

Home Phone _____ Work Phone & Extension _____ Home Phone _____ Work Phone & Extension _____

Cell Phone _____ Relationship to Child _____ Cell Phone _____ Relationship to Child _____

Medical Information - Must be completed. Indicate N/A if non-applicable, DO NOT leave blank. Attach additional paper if necessary.

Does your child have allergies to any drug? List the drug & reaction:	
Does your child have environmental or food allergies? (ex. Pollen, bee stings, poison ivy, peanuts) List type, usual reaction, and treatment:	
Is your child currently receiving medical treatment for any disease, illness, or condition? Please explain:	
Does your child have any physical/mental health issues? Please be specific.	
Does your child have any problems not covered by the above questions?	

Any medication that is to be administered during camp hours must follow LCCTC policy. If your child needs to take medication during camp hours, **your child must report to the camp nurse first thing on Day 1 with the medication in the original pharmacy labeled bottle. The camp nurse will verify it against this form.**

Name of Medication	Dose	How Given	Time Given	Special Ways Given	Reason for Medication
Ex. Concerta	54mg	By Mouth	8:00 AM	Likes to take with Milk	ADD

Parent's/Guardian's Signature _____

Date _____