



Trollhaugen Language Arts and Culture Camp Health Information

Must be filled out by all who are attending camp. If filled out for a child parent/guardian must sign

For use by First Aid Personnel only, all information is held in the strictest confidence.

Name: _____ Date of Birth: _____
Last First Initial

Emergency Contact:
Phone:(H) _____ Cell: _____ Work: _____

Accompanying Adult(If Applicable): _____

Health Status Information
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Please use back of page if needed

Please list all allergies and usual treatment

Allergy: _____ Treatment: _____
Allergy: _____ Treatment: _____
Allergy: _____ Treatment: _____
Allergy: _____ Treatment: _____

Please List ALL current medication including vitamins and dosages
Medications: _____

Medications: _____

If child requires medication, please send it to camp with their accompanying adult.
Also if your child carries an inhaler or epi pen it is recommended that a back-up is left with the accompanying adult in case of loss.

Medical Dietary limitations: _____

Please list all Acute and Chronic health concerns or conditions:

Please list any physical or psychological limitations
If the applicant is a child are there physical limitations or learning disabilities staff should be aware of?
Also please identify any camp activities this child cannot participate in.

Consent for First Aid Assessment and Treatment

I _____ hereby give consent for the First Aid Attendant to administer First Aid to me (or the above named child) while attending Trollhaugen Culture Camp; I understand that First Aid includes the assessment and treatment of minor illness and injury. I also give my consent for the Official in charge or his or her assistant to arrange for transportation for either myself (or the above named child) to a medical facility if, in their opinion, assessment/treatment by a physician is required

Exceptions: _____

I/we understand that typing my name(s) acts as my signature, if I/we choose to do so.

Date: _____ Signature _____