



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.

Please list all Acute and Chronic health concerns or conditions:

Please list any physical or physiological 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.

Dietary Restrictions including FOOD allergies:

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 (if any): _____

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

Date: _____ Signature _____