

# Town of Babylon Day Camp

## Health Survey Form

Parent/Guardian please complete the following information:

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Group # \_\_\_\_\_

1. Is there anything about your child's health that the camp should know in order to give your child special care?     Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does your child have any allergies (bee stings, nut, etc.)?     Yes     No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Will an EPI pen be brought to camp?     Yes     No

3. Does your child take any medication on a regular basis?     Yes     No

If yes, please list medications and the condition(s) for which they are used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Will medications be needed during camp hours?     Yes     NO

**\*\* If yes, please fill out the medication form**

5. Do you give your child permission to carry sunscreen in their backpack and apply it when necessary?

Yes     No

Camper's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**\*\*\*Please attach updated immunization records from your doctor to this form. Campers will not be able to attend camp if forms are not completed and returned by the first day of camp. NO EXCEPTIONS!**