

**VENETIAN SUMMER CAMP HEALTH FORM 2023**

This information applies to all campers listed below. Please photocopy additional forms as needed.

**Parent/Guardian's Name: Parent/Guardian's Name: Emergency Contacts:**

Name: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

The health history described below for each camper is accurate. The camper can engage in all camp activities except as noted below. In the event that an emergency contact cannot be reached in an emergency, permission is given to the camp director and staff to secure appropriate medical attention for the camper.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Camper's Name:** \_\_\_\_\_

Are there any special health or social needs that we should know about? List any allergies (food, hay fever, bee stings, medications, other): \_\_\_\_\_

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware of: \_\_\_\_\_

List any restrictions on physical activities: \_\_\_\_\_

May the camp staff give this camper Benadryl in the event of a bee sting? YES NO

**2. Camper's Name:** \_\_\_\_\_

Are there any special health or social needs that we should know about? List any allergies (food, hay fever, bee stings, medications, other): \_\_\_\_\_

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware of: \_\_\_\_\_

List any restrictions on physical activities: \_\_\_\_\_

May the camp staff give this camper Benadryl in the event of a bee sting? YES NO

\_\_\_\_\_

**3. Camper's Name:** \_\_\_\_\_

Are there any special health or social needs that we should know about? List any allergies (food, hay fever, bee stings, medications, other): \_\_\_\_\_

\_\_\_\_\_

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_

List any restrictions on physical activities:

\_\_\_\_\_

May the camp staff give this camper Benadryl in the event of a bee sting? YES NO

\_\_\_\_\_

**4. Camper's Name:** \_\_\_\_\_

Are there any special health or social needs that we should know about? List any allergies (food, hay fever, bee stings, medications, other): \_\_\_\_\_

\_\_\_\_\_

List any medical conditions and regular medicines taken by the camper that the camp staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_

List any restrictions on physical activities:

\_\_\_\_\_

May the camp staff give this camper Benadryl in the event of a bee sting? YES NO

\_\_\_\_\_

**Please email a copy of this form to the camp director and on the first day of camp please bring an extra copy of the health form**

Email to:

Leila Montgomery

[venetiansummerncamp2022@gmail.com](mailto:venetiansummerncamp2022@gmail.com)

If you have questions about camp, please text Leila Montgomery at (404)-824-6868