

# Medication Update Form

Have there been any changes for your child since you completed his/her health or personal information on the application? We want to make sure our records are up to date! Please complete this form if there have been changes to your child's medication, allergy information, health information or any other personal information of which our staff should be aware. Please send this form to camp in your child's suitcase.

Camper's Name: \_\_\_\_\_  Girl  Boy Date of Birth: \_\_\_\_\_

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Primary  Home  Home  Home  
 Phone: (    )  Cell Secondary  Cell Other  Cell  
 Work Phone: (    )  Work  Work

1. Does the camper take any medication on a regular basis?  No  Yes If yes, give details below.

**All medications and vitamins should be sent to camp in the ORIGINAL container, adequate in amount for the entire session. Please label all containers with your child's name, place all medications in one zip lock bag, and place them in your child's suitcase. Camp is a highly structured environment. All medication MUST be sent to camp, even if not normally taken in the summer.**

Medication	Dose	Times when taken	Date started	Illness or problem being treated

2. Allergy/Dietary Information

Yes  No ... Dietary Restrictions:  No Pork  No Red Meat  Lactose Intolerant  Vegetarian  
 .....  Other \_\_\_\_\_

Yes  No ... Food Allergies \_\_\_\_\_

Yes  No ... Medication Allergies \_\_\_\_\_

Yes  No ... Plant Allergies \_\_\_\_\_

Yes  No ... Insect Sting Allergies \_\_\_\_\_

Yes  No ... Animal Allergies \_\_\_\_\_

3. Other changes or information to update:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

◆ <b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Parent/Guardian Name:</b>	