**Medical History**

**This form should be completed by a parent or guardian.**

Please be sure to complete all items. If any of the following sections do not apply to your child, please write **“None”** or “**N/A”** in the space provided.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reactions or allergies to medications:

Ongoing medical conditions (include both physical and psychological conditions.) Allergies and recent injuries should also be listed.

Current Medical Condition(s) requiring Medication(s)—Please list the condition(s) followed by the medication(s) needed for treatment. **NOTE: ALL MEDICATIONS LISTED HERE MUST BE BROUGHT WITH THE CAMPER FROM HOME.**

Any social or emotional concerns you would like us to be aware of: