

Camp Troll Fjell

HEALTH HISTORY AND PERMISSION FORM

Please return this form by JULY 1 or bring to Nurse on check-in day.

Campers Name: _____ Age: _____ Boy: ____ Girl: ____

HomeAddress: _____

Parent/Guardian Name: _____

Phone _____ Business Phone: _____

Name of Doctor or Medical Plan: _____

Membership No. _____

Dr.'s Phone Number: _____

If Camper has a Medical Card, please plan to leave it with the Nurse at camp.

CAMPER HEALTH QUESTIONS

Recently been exposed to contagious disease? Yes ___ No ___

Please explain if yes _____

Have allergies or severe reactions to insect bites, poison oak, antibiotics, or foods, etc.? Yes ___ No ___

If yes please explain _____

Please check any of the following which apply to your child:

Subject to motion sickness ___ Walks in sleep ___ Falls out of bed ___ Tires easily ___ Wets the bed ___

Date of last tetanus inoculation _____

Please use the back of this form to give any further health information about your child which may be helpful.

SPECIAL NOTE: IF YOUR CHILD WILL NEED MEDICATION WHILE AT CAMP, PLEASE SEND ONLY THE AMOUNT THAT WILL BE NEEDED WHILE AT CAMP. MEDICATION MUST BE IN ORIGINAL PRESCRIPTION CONTAINER. THE CONTAINER MUST CLEARLY INDICATE THE CAMPERS NAME, DOSAGE AND NAME OF MEDICATION AND WHAT MEDICATION IS TAKEN FOR. MEDICINES SUCH AS VITAMINS, ASPIRINS, ETC. MUST BE LEFT WITH THE NURSE.

AUTHORIZATION AND PARENT PERMISSION TO PARTICIPATE

This form authorizes any necessary medical care for my child while attending or traveling to or from Camp Norge.
Yes ___ No ___

I hereby give permission for my child to receive the following over-the-counter medications to be given, as needed, according to the package directions:

Acetaminophen (Tylenol) _____ Ibuprofen (Motrin) _____ Diphenhydroamine (Benadryl) _____

Antacids, (Mylanta, Pepcid) ___ Antidarrhea, Loperamide (Immodium) ___ Homesick pills (Peanut M&Ms) ___

I hereby give permission for my child to go swimming while at camp. I understand that this is to occur only when an adult is present. Yes ___ No ___

I hereby give permission for my child to attend and participate in all programs at the camp. Yes ___ No ___

Signature of Parent or Guardian: _____ Date: _____

Return completed form to: Sharee Frost, 10882 Leecrest Court Nevada City, California 95959