

**2012 CHYC MEDICAL CHECK-IN**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Camper's Number \_\_\_\_\_

Camp Week \_\_\_\_\_ Head Check \_\_\_\_\_ Staff Initial \_\_\_\_\_

Glasses: No Yes Hearing aid: No Yes

**Allergies:** (food, meds, mold, pollen, dust etc.) None or list below:

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Any physical conditions or limitations we should be aware of?

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Have you been exposed to a communicable disease within the past three weeks? No Yes

If yes, what? \_\_\_\_\_

Are you ill or injured now? No Yes, If so what?

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Any behavioral issues?

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Any bed wetting? No Yes

**MEDICATIONS:** None or List below

**NOTE: ALL PRESCRIPTION MEDICATIONS MUSE BE IN THE ORIGINAL BOTTLE WITH THE APPROPRIATE PHARMACY LABEL,** otherwise we may be unable to administer

these medications.

1. Condition Requiring Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How Frequent: \_\_\_\_\_ Last Taken? \_\_\_\_\_

2. Condition Requiring Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How Frequent: \_\_\_\_\_ Last Taken? \_\_\_\_\_

3. Condition Requiring Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How Frequent: \_\_\_\_\_ Last Taken? \_\_\_\_\_

(Use another sheet if more than three(3) meds.)

**Bring this form to registration on the first day of camp.**