

Name: _____ Age: _____ Camp Room: _____

A Note from the Camp Nurse: If a child becomes ill or injured during class time, you and I will be notified. If a child (under 18) becomes ill or injured during family time, a parent/guardian/adult must accompany them before I can treat them. These forms will be shredded immediately after Ashram.
Jerrie Rainey, RN

Health Questionnaire

Emergency Contact

Name: _____ Phone #: _____
Emergency Contact's Camp Room: _____

Doctor: _____ Doctor's Phone #: _____

Medical History

(check all that apply to you)

- Asthma/Respiratory Problems _____
- Diabetes _____
- High Blood Pressure _____
- Heart Disease _____
- Edema _____
- Headaches/Migraines _____
- Seizures _____
- Fainting _____

Current Medications

Medication	Strength	Times Per Day	Reason

Allergies

Foods/Medicines: _____
Insects/Environmental: _____

Please list any additional comments or medications on the back of this form

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