APEX Parkour Camp Health Form

Camper's Name:_____ DATE:_____

The health form is kept confidential and used by our health services staff (or emergency medical personnel). **Every camper needs a completed health form to participate in any Parkour Camp programs. Please fill out this form as completely as possible.** Thank you!

SECTION I – MEDICATIONS

Will camper be taking medications while at camp? Yes No *(Medications include prescription, over-the-counter, vitamins, inhalers, etc.)*

_____ I want the medication or medical devices self-administered. (**Age 18 and above only**.)
_____ I want the medication or medical device administered by the Health Services Staff. However, a limited amount of medication for life threatening conditions should be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Medication_____ Dosage_____ Take at what times_____ Reason for Taking_____ Prescribing Physician_____ Phone_____

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SECTION II – ALLERGIES

Camper does not have any Allergies Camper is allergic to

1. Hay Fever 2. Poison Ivy/Oak 3. Insect Stings 4. Food 5. Penicillin 6. Other Drugs 7. Other List allergy. Describe reaction and treatment

_____
_____

_____

SECTION III – HEALTH HISTORY

Please know that we value your privacy. Health History information is available only to the camp health staff. The more information you provide, the better we can do our job. Thanks!

Please list any other medical history we should know about.

_____
_____
_____

Physical Activities to be Limited or Restricted while at Camp

_____
_____
_____

SECTION IV – COVID-19 Health Check

Has the Camper been exposed to anyone who tested positive for COVID-19? ☐ YES ☐ NO

Has the Camper or anyone in the household exhibited any symptoms associated with COVID-19? ☐ YES ☐ NO

Fever, Cough, Shortness of breath/difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell.

SECTION V – AUTHORIZATION

To the best of my knowledge this information is true and accurate.

Signature of Parent or Guardian X_____ Date_____