

APEX Parkour Camp Health Form

(ONE PER CAMPER NEEDED)

Camper's Name: _____ DATE: _____

Contact phone number for parent/legal guardian: _____

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? (*Medications include prescription, over-the-counter, vitamins, inhalers, etc.*)

Yes No

_____ I want the medication or medical devices self-administered.

_____ I want the medication or medical device administered by the APEX 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 _____

Medication _____ Dosage _____ Take at what times _____ Reason
for Taking _____ Prescribing
Physician _____ Phone _____

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for Taking _____ Prescribing
Physician _____ Phone _____

SECTION II – ALLERGIES

Camper does not have any Allergies

Camper is allergic to (circle):

(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. Not applicable

Please list physical Activities to be Limited or Restricted while at Camp. Not applicable

SECTION IV – AUTHORIZATION

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

Signature of Parent or Guardian X _____ Date _____

APEX