



Medical Information

Every child attending Camp BeginAgain must have a Medical Information form on file with the camp nurse. Please complete every section below (put "N/A" if it does not apply). The medical information you provide will be used only in an emergency treatment situation. We will not use or disclose this information for any other purpose.

Child's Name _____ Date of Birth _____

Male _____ Female _____ Home telephone # _____

Child's Physician _____ Emergency contact # _____

Allergies: *(Please list specific types and send all medications the camper will need during the weekend with directions on how to administer.):* _____

Dietary Needs/Restrictions: _____

MEDICATIONS: Please list all medications the child takes. Medications adequate for the camp time should be sent with the child in containers labeled with child's name, prescribing physician, dosage and name of medication. Please provide instructions for treatments and frequency. Medications will be kept with and administered by camp medical staff.

SPECIAL NEEDS OR LIMITATIONS: Please describe any special needs, handicaps or other medical information regarding this child: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & RELEASE OF LIABILITY

I hereby agree and consent for _____ (child's name) to receive medical treatment in the event of an emergency while attending the "Camp BeginAgain." I also release and hold harmless Hospice of Volusia/Flagler for any and all liability arising from "Camp BeginAgain," including any liability arising from negligence.

Parent or Legal Guardian

Date