



## Trollhaugen Language Arts and Culture Camp Health Information

Must be filled out by all who are attending camp. If filled out for a child parent/guardian must sign

Information disclosed on this form is for use by First Aid personnel and may be disclosed to any other person on a need-to-know basis, which may include instructors, dorm supervisors, Board members or any other volunteers. All information will be held in confidence and this form will be destroyed at the end of Camp.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Initial

Emergency Contact:  
Phone:(H) \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Accompanying Adult(If Applicable): \_\_\_\_\_

### Health Status Information

Please use back of page if needed

Please list all allergies and usual treatment

Allergy:	Treatment:
Allergy:	Treatment:
Allergy:	Treatment:
Allergy:	Treatment:

If child requires medication, please send it to camp with their accompanying adult.  
Also if your child carries an inhaler or epi pen it is recommended that a back-up is left with the accompanying adult in case of loss.

Medical Dietary limitations:

Please list any physical or psychological limitations

If the applicant is a child are there physical limitations or learning disabilities staff should be aware of?  
Also please identify any camp activities this child cannot participate in.

### Consent for Disclosure of Health Information

I, \_\_\_\_\_, give consent for the health information provided on this form to be disclosed to any person at Camp on a need-to-know basis, when it is determined, at the discretion of the President or Vice President of the Board to be in the best interests of myself (or the above-named child). Although my health information will be held in confidence, I understand that my health information (or that of my above-named child) may need to be disclosed to any person, including any instructors, dorm supervisors, Board members or any other Camp volunteers, who may have interaction with, or supervision of, myself (or the above-named child).

### Consent for First Aid Assessment and Treatment

Experience has shown that in connection with camping activities there are times that illness or accident may occur resulting in the need for immediate medical attention

I \_\_\_\_\_ hereby give consent for the First Aid Attendant or any other volunteer at Camp with first aid training to administer First Aid to me (or the above named child)

while attending Trollhaugen Culture Camp; I understand that First Aid includes the assessment and treatment of minor illness and injury. I also give my consent for transportation of myself (or the above-named child) to a medical facility to be arranged if, in the opinion of the person arranging transportation, assessment or treatment by a physician or medical professional is required

Exceptions:

I/we understand that typing my name(s) acts as my signature, if I/we choose to do so.

Date: \_\_\_\_\_ Signature \_\_\_\_\_