



KidJam Summer Enrichment Camp 2011

Union Baptist Church
1200 North Trade Street, Winston-Salem, NC 27101

HEALTH FORMS

This form is to be completed by the parent or guardian. This confidential health record will only be used to ensure the safety of the children in this program. Feel free to continue your notes on back of this form.

Student's Name _____ Birth Date ____/____/____
Mo. Day Year

Student Age: _____ Student Gender: _____

PLEASE PROVIDE YOUR CHILD'S MEDICAL HISTORY

Allergies to food () Yes () No

Please Specify:

Behavioral/emotional issues () Yes () No

Please Specify:

Individualized Education Plan () Yes () No

Please Specify:

Physical Disabilities () Yes () No

Please Specify:

Corrective Device () Yes () No

Please Specify (glasses, hearing aid, etc.):

Does Your Child Have Asthma () Yes () No

Does your child use an inhaler? () Yes () No

Allergies to penicillin () Yes () No

Please Specify:

Allergies to plants () Yes () No

Please Specify:

Convulsions/seizures/Black Out () Yes () No

Please Specify:

Diabetes () Yes () No

Specify intake:

Hay Fever () Yes () No

Please Specify:

Allergy to insect stings () Yes () No

Specify Treatment

Please List Any Other Medical Concerns in this space below:

SPECIAL HEALTH CARE NEEDS () Yes () No

Does your child have special health care needs that require treatment and/or medication?

If your child requires treatment and/or medication during Kid Jam Summer Enrichment Camp hours of operation, please complete this specify below:

MEDICATION () Yes () No

Does your child take medication for any condition or illness? If yes, describe below.
If your child requires medication during Kid Jam Summer Enrichment Camp operating hours, complete the *Medication Consent* form.

ACTIVITY PARTICIPATION () Yes () No

Are there any activities your child cannot participate in? If yes, describe below.

SUNSCREEN AND TOPICAL OINTMENTS

Your child should bring sunscreen with them daily when we will travel to the park, for swimming, or other field trips as needed. Your child will apply the sunscreen that you provide. Camp staff will only assist campers with the sunscreen or ointments you send.

Do we have your permission to assist campers to put on the sunscreen or ointments you send with them? () Yes () No

HEALTH/INSURANCE INFORMATION

If requested by emergency medical personnel, the UBC Summer Enrichment Camp Staff will provide the following information at your approval by signature below:

Student's Doctor: _____

Doctor's Phone: (_____)_____ Insurance company: _____

Policy Holder's ID:_____ Preferred Hospital_____

In emergency can we can transport your child by emergency ambulance to preferred hospital () Yes () No

If my child requires emergency medical care and I cannot be reached, I give my consent to the above Kid Jam Enrichment Summer Camp program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this Summer Camp program. I have completed this form without any falsified information

Parent/Guardian Signature

Date

Parent Printed Name