

KIDS & K-9 CAMP
MEYER'S TAILS UP FARM
MEDICAL INFORMATION FORM

NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM

Date: _____

Camper's name: _____ Camper's Date of Birth: _____

Camper's address: _____

Guardian's name: _____ Telephone: (h) _____ (w) _____

If unable to contact above parent/guardian, please notify:

Name: _____ Telephone: _____

or

Name: _____ Telephone: _____

Is camper enrolled in a Illinois public or private school? ____ Yes ____ No

If yes, what school system: _____

Is your child exempt from immunizations because of religious or medical reasons? ____ Yes ____ No

The examination of _____ was within normal limits with the following exceptions:

Immunizations have been completed: ____ Yes ____ No

Date of most recent tetanus booster: _____

Allergies: _____

Medications/Name/Dose/When taken: _____

Other Medical Concerns: _____

Limitations to Activity: _____

Primary Health Care Provider Information

Printed Name: _____ Signature: _____

Address: _____ Telephone: _____

Health Insurance Company: _____

Please mail or return to:

KIDS & K-9 CAMP/MEYER'S TAILS UP FARM

5390 Irene Road

Belvidere, IL 61008

**KIDS & K-9 CAMP
MEYER'S TAILS UP FARM
PARENTAL CONSENT FORM**

NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM

Dear Parents of Children attending Kids & K-9 Camp at Meyer's Tails Up Farm,

The following is a parental consent form from Meyer's Tails Up Farm. This consent form is to be filled out by the parent/guardian and to be used if any medical attention is needed for your child during his/her participation in the Kids & K-9 Camp at Meyer's Tail Up Farm.

Please sign after carefully reading.

Sincerely,

Kent & Gwen Meyer

Meyer's Tails Up Farm

Parental Consent for Medical Treatment

The law requires that parental permission be obtained for medical procedures on minors. The following consent form should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in extreme emergency, without parents or guardians being contacted and fully informed.

I give permission for such diagnostic/therapeutic procedures as may be deemed necessary for my child, and to present information concerning his/her medical condition to other responsible Meyer's Tails Up Farm staff when requested.

Child's Name: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Relationship to camper: _____

Is your camper covered by health insurance for doctor and hospital bills? _____

If "yes" what company? _____

Policy # _____

Policy Holder Name _____

Please name all persons allowed to pick up your child:

Kids & K-9 Camp

Meyer's Tails Up Farm

CONSENT FOR ADMINISTRATION OF APPROVED MEDICATIONS

NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM

Camper's Name: _____ Date of Birth: _____

Medication Allergies/Sensitivities:

List any medication (s) your child receives on a regular basis:

I hereby give permission for my child, _____ to receive medication listed in this form by the Camp Director. I have checked those medications below I wish to be made available to my child. I understand that generic equivalent medications will be used in place of more expensive brand-name item.

Headache/Fever/Ear ache/Muscle Aches/Pain/Menstrual Cramps	Bites/Stings/Allergic Rashes	Sore Throat
<input type="checkbox"/> Acetaminophen (like: Tylenol)	<input type="checkbox"/> Anti-Itch Lotion (like: Calamine)	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Ibuprofen (like: Advil)	<input type="checkbox"/> Anti-Itching Cream (like: 1% Hydrocortisone)	
Upset Stomach	Mild Allergic Reaction	Coughs
<input type="checkbox"/> Antacid (like: Tums or Maalox)	<input type="checkbox"/> Diphenhydramine (like: Benadryl)	<input type="checkbox"/> Cough Drops

Please check any medication you wish to be made available to your child:

I understand that the medications I have checked will be administered by the Camp Director at Meyer's Tails Up Farm in accordance with their established protocols.

I do **NOT** want any medication given to my child at Kids & K-9 Camp at Meyer's Tails Up Farm.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Home Telephone _____ Work/Emergency Phone _____