

Camp Longleaf Camper Health Form

All information is confidential

4956 State Hwy 20 E, Freeport, FL 32439

Phone:850-835-1824

www.camplongleaf-fl.org

Fax: 850-835-2879

PLEASE PRINT NEATLY WITH PEN

This form must be filled out by the camper's PARENT or LEGAL GUARDIAN ONLY

Camper name: _____ Date of Birth: _____

Sex: Male / Female (please circle one)

Age: _____ Grade entering: _____

Address (city, state, zip): _____

EMERGENCY CONTACT:

Parent/Guardian name: _____

Relationship to camper: _____

Cell Phone: _____ Work phone _____

Email Address: _____

Other Emergency Contact name: _____

Relationship to camper _____

Phone Number: _____

Primary Physician: _____

Physician Phone: _____

Is camper on a special diet? Yes / No If so, please explain what they CAN eat as well as what they CANNOT eat:

If special foods must be sent with your child, please contact the camp at 850-835-1824 or camplongleaf@eowilsoncenter.org

ALLERGY INFORMATION

To the best of your knowledge does your child have any allergies?
Yes / No (Please circle one)

If YES was circled, please indicate to which of the following your child is allergic.
Please be specific

FOODS:	
PLANTS:	
MEDICINES:	
ANIMALS:	
INSECTS:	
OTHER:	

Please indicate what treatment your child should receive if exposure occurs (Any medications to which your child is allergic will NOT be given): additional sheets may be attached

** If your child is bringing an EPIPEN, please note it on medication sheet and they must carry with them at all times **

REGARDING MEDICATIONS WHILE AT CAMP LONGLEAF:

- All medications must be in their original container with the camper's name written on the container.
- There must be clear written directions on when and/or how to give the medication. NOTE: "Give as directed" is not acceptable

ALL MEDICATION IS ADMINISTERED BY A LICENSED NURSE, EMT, OR AUTHORIZED CAMP PERSONNEL.

PRESCRIPTION MEDICATIONS:

List all prescription medications that you will send with your child. Circle the time(s) to administer this medicine to the child, choosing from the following:

B= After Breakfast, **L**= After Lunch

D= After Dinner, **BT**= At Bedtime **O**= Other (please write in)

*If a time is not selected, medicines will be given after breakfast.

Medication	Dosage	Reason	Time given: B L D BT O
Medication	Dosage	Reason	Time given: B L D BT O
Medication	Dosage	Reason	Time given: B L D BT O

OVER THE COUNTER (OTC) MEDICATIONS:

ALL OTC MEDICATIONS MUST BE PROVIDED BY PARENTS/LEGAL GUARDIAN

*Circle "As Needed" if the camper will not be taking it daily

Medication	Dosage	Reason	Time given: B L D BT O As Needed
Medication	Dosage	Reason	Time given: B L D BT O As Needed
Medication	Dosage	Reason	Time given: B L D BT O As Needed

I give Camp Longleaf staff permission to provide my child with first-aid treatment for minor abrasions, insect bites or stings:

Yes / No Initial _____

In the event of unexpected illnesses, which of the following medicines do you permit to be given to your child by our Nurse/EMT? (Please circle)

Ibuprofen: Cough Drops: Tums: Acetaminophen: Benadryl:

Yes / No Yes / No Yes / No Yes / No Yes / No

Initial _____

HEALTH AND BEHAVIOR

Every child's behavior is different, especially as they acclimate to a new setting. The following questions will help us ensure your child's success at camp.

When your child is pushing boundaries and/or making poor choices, what is your best technique for helping them change his/her behavior?

When your child is upset/sad, what is your best technique for helping him/her?

Please list additional pertinent information that you wish to provide.

SWIMMING

Do you require that your child wear a flotation device when swimming? Yes / No

If you answered yes and a floatation device is not provided, your child will not be permitted to swim during Lake Day

What is your child's comfort level while swimming? (1 = low, 5 = high) 1 2 3 4 5

If your camper is a level 1 swimmer, a flotation device is required

MEDICAL AUTHORIZATION AND RELEASE:

I give my permission for my child to participate in the E.O Wilson Biophilia center's Camp Longleaf summer program. I understand that safety precautions will be taken during all activities. In the event that an accident does occur, I will not hold the E.O. Wilson Biophilia Center, its employees, volunteers or Board of trustees responsible for any injuries.

DESCRIPTION OF ESSENTIAL FUNCTIONS OF A CAMPER:

In order to participate in our summer camp programs, a child should be able to meet their personal needs, move independently from place to place, and cooperatively function in a group setting. Our professional staff is not trained to give individualized attention to children with special needs beyond these parameters.

Signature of Parent or Legal Guardian _____ Date _____