

**HEALTH FORM**



A History of Seizures    \_\_\_yes\*    \_\_\_no  
Diabetes    \_\_\_yes\*    \_\_\_no  
Hypoglycemia    \_\_\_yes\*    \_\_\_no  
Low Blood Pressure    \_\_\_yes\*    \_\_\_no  
Asthma    \_\_\_yes\*    \_\_\_no

Allergic Reactions to:  
Insect stings/bites    \_\_\_yes\*    \_\_\_no  
Penicillin    \_\_\_yes\*    \_\_\_no  
Other Drugs    \_\_\_yes\*    \_\_\_no  
Food    \_\_\_yes\*    \_\_\_no

**EMERGENCY MEDICAL INFORMATION**

Inhaler sent to camp    \_\_\_yes\*    \_\_\_no  
Epipen    \_\_\_yes\*    \_\_\_no

Medication used for allergies  
Allergy medication sent to camp    \_\_\_yes\*    \_\_\_no  
Should medications be sent on trips?    \_\_\_yes\*    \_\_\_no

Any condition requiring daily medication (at home or camp)? \_\_\_\_\_

Medication and dosage for above \_\_\_\_\_

Medication sent to camp    \_\_\_yes\*    \_\_\_no

Has your camper had a TETANUS BOOSTER?    \_\_\_yes\*    \_\_\_no  
If yes, when? \_\_\_\_\_

If any medication is coming into camp, it must be accompanied by a Parent and Physician Authorization Form that includes the camper's name, the drug name, amount to be given, and time to be given. Prescriptions and "over the counter" medications MUST BE IN ORIGINAL LABELED BOTTLES OR CONTAINERS. For prescription drugs, pharmacies will provide a duplicate empty bottle which is labeled and can be sent to camp. I hereby give permission to the New York Fashion Accessories Camp (NYFAC) to provide routine health care, administer prescribed medications, and seek emergency medical treatment including the ordering of x-rays, administering of anesthesia, or routine tests, as necessary. I agree to the release of any records necessary for insurance purposes. I give permission to NYFAC to arrange necessary related transportation for me/my child. I understand that attempts will be made to contact parents/guardians (and the emergency numbers listed on this form, as necessary) before initiating this authorization. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by NYFAC to secure and administer treatment, including hospitalization, for the person named above.

This completed form may be photocopied for trips off the premises.

Name of child \_\_\_\_\_

Signature of: \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

To Mail - Print out form and return to:  
New York Fashion Accessories Camp (NYFAC) Jennifer Siletski PO Box 104 Millburn, NJ 07041