

# 2025 NATURE CAMP

## MEDICAL INFORMATION FORM

Name of camper \_\_\_\_\_ Name of Parents \_\_\_\_\_

Address \_\_\_\_\_ Campers DOB and Age \_\_\_\_\_

Cell # \_\_\_\_\_ Island # \_\_\_\_\_ Home # \_\_\_\_\_

Emergency # and Name \_\_\_\_\_ Family Physician & Phone # \_\_\_\_\_

### MEDICAL HISTORY

List and explain ANY health problems (illnesses/diseases—either medical or psychiatric) which might have an effect on the Nature Camper functioning at camp (E.G. sinus, cold, headaches, depression, motion sickness).

**Does the Nature Camper presently have or ever had any of the following: X all that apply**

\_\_\_Allergies/hay fever\_\_\_Asthma\_\_\_Chronic Cough\_\_\_Diabetes\_\_\_Difficulty Hearing\_\_\_

Eating Disorder\_\_\_Eye Disorder\_\_\_Head Injury,Heart Issues\_\_\_Migraines\_\_\_Night

sweats/ unexplained fever, Respiratory Disorder\_\_\_Seizure\_\_\_Surgical Operations

**Please explain details of any disorder checked:**

### ALLERGIES:

Is camper allergic to any medications\_\_\_YES\_\_\_NO List all medication to which camper has allergic reaction or does not tolerate well. Please include the type of reaction.

**ALLERGIES:**

Is camper allergic to anything other than medicine (i.e. food, dyes, bees) \_\_\_YES\_\_\_NO  
If yes, what and explain reaction

**MEDICATION:**

List all medication prescribed and over the counter that the camper takes on a regular basis

I, \_\_\_\_\_, the parent of \_\_\_\_\_ have read all of the information completely and have answered all of the questions to the best of my knowledge. I fully understand that the nature of recreational and educational activities associated with Nature Camp includes an inherent risk of danger and I agree to release the Lake Erie Islands Nature & Wildlife Center from all legal liability. I authorize emergency medical treatment if none of the emergency contact persons can be reached at the time of an emergency.

**AUTHORIZATION:**

\_\_\_\_\_  
PRINT- Parents Name

\_\_\_\_\_  
SIGN- Parents Name

\_\_\_\_\_  
DATE