



## Trollhaugen Language Arts and Culture Camp Health Information

Must be filled out by all who are attending camp. If filled out for a child parent/guardian must sign

**For use by First Aid Personnel only, all information is held in the strictest confidence.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Initial

Emergency Contact:  
Phone:(H) \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Accompanying Adult(If Applicable): \_\_\_\_\_

**Health Status Information**  
For use by First Aid Personnel only, all information is held in the strictest confidence.  
**Please use back of page if needed**

Please list all allergies and usual treatment

Allergy:	Treatment:
Allergy:	Treatment:
Allergy:	Treatment:
Allergy:	Treatment:

Please List ALL current medication including vitamins and dosages

Medications:

Medications:

If child requires medication, please send it to camp with their accompanying adult.  
Also if your child carries an inhaler or epi pen it is recommended that a back-up is left with the accompanying adult in case of loss.

Medical Dietary limitations:

Please list all Acute and Chronic health concerns or conditions:

Please list any physical or psychological limitations

If the applicant is a child are there physical limitations or learning disabilities staff should be aware of?  
Also please identify any camp activities this child cannot participate in.

### Consent for First Aid Assessment and Treatment

I \_\_\_\_\_ hereby give consent for the First Aid Attendant to administer First Aid to me (or the above named child) while attending Trollhaugen Culture Camp; I understand that First Aid includes the assessment and treatment of minor illness and injury. I also give my consent for the Official in charge or his or her assistant to arrange for transportation for either myself (or the above named child) to a medical facility if, in their opinion, assessment/treatment by a physician is required

Exceptions:

I/we understand that typing my name(s) acts as my signature, if I/we choose to do so.

Date: \_\_\_\_\_ Signature \_\_\_\_\_