

PLEASE CIRCLE THOSE THAT APPLY

LEVEL OF ASSISTANCE FOR:

1. FEEDING:

SELF FEEDS NEEDS FOOD CUT HAND OVER HAND TOTAL ASSISTANCE FINGER FOOD

a. Special Utensils: _____

b. Diet Restrictions: _____

2. TOILETING:

SELF-CARE NEEDS TRANSFERRED TO TOILET WEARS DIAPERS

NEEDS REMINDED/TAKEN EVER _____ HOUR(S).

3. DRESSING:

SELF-CARE NEEDS SHOES TIED NEEDS MINIMAL ASSISTANCE NEEDS TOTAL ASSISTANCE

4. SEIZURES:

Does your child have any history of seizures? YES NO

If yes, please answer the following questions on seizures:

If your child has a current history of seizures, how frequent are they?

Type of Seizure: Febrile Petit Mal/Grand Mal/Psychomotor

OTHER: _____

Describe, if necessary: _____

Usual length of seizure: _____

Does your child have a history of uncontrolled seizures (status epilepticus)? YES NO

5. ALLERGIES: Please list specifically to what your camper is allergic to and the reaction he/she has (such as a rash, watery eyes, runny nose, difficulty breathing, etc.)

• MEDICATIONS: _____

Reaction Type: _____

• ANIMALS: _____

Reaction Type: _____

• PLANTS, POLLENS, DUST: _____

Reaction Type: _____

• FOODS _____

Reaction Type: _____

Has your camper ever needed an adrenalin (epinephrine) shot to relieve difficulty breathing (anaphylactic shock)? YES NO

Please continue on Page 3

6. **MEDICATION:** MEDICATION MUST BE SENT TO CAMP ON MONDAY IN A PHARMACY LABELED BOTTLE FOR THIS WEEK. EMPTY BOTTLE WILL BE SENT HOME ON FIRDAY TO BE RETURNED TO CAMP ON MONDAY.

MEDICATIONS: Please list the name and dosage schedule of any medications your child is currently taking. Please be specific about how much medication is taken at each time.

		<u>AMOUNT</u>	<u>TIME TAKEN</u>
NAME _____	DOSAGE _____	/	_____
		/	_____
		/	_____
NAME _____	DOSAGE _____	/	_____
		/	_____
		/	_____
NAME _____	DOSAGE _____	/	_____
		/	_____
		/	_____
NAME _____	DOSAGE _____	/	_____
		/	_____
		/	_____

I HEREBY PERMIT THE YMCA TO DISTRIBUTE THE MEDICATIONS LISTED ABOVE AT PRESCRIBED DOSAGES.

CHILD'S NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE: _____