

Triple Tree Aerodrome
Summer Camp-Medical History



Name of Child: _____

Diagnosed with:

Asthma

Diabetes

Needs Inhaler No Yes

Needs Insulin No Yes

Allergies (if yes, please list what)

Medications No Yes

Foods No Yes

Insects No Yes

Pollen No Yes

Aspirin No Yes

Aspirin Substitute No Yes

(NOTE: Child should be aware of food allergies and limit his/her consumption as needed)

Other:

Motion Sickness No Yes

Nose Bleeds No Yes

Epi Pin No Yes

Should your child be restricted from any activity? No Yes If yes, please list:

Please list any additional information you wish to share:

Initial _____ If child has suffered a serious accident or illness within the past twelve months or is subject to a more serious health condition or if there is any question about activity restriction, at the discretion of the Camp Staff for further information or specific permission to participate in activities may be required for which the doctor may be contacted, and a written physician consent obtained. The staff and volunteers may not be qualified to care for some special needs therefore further services evaluation may be necessary for care to be provided. Reasonable accommodations that do not alter Triple Tree program may be made.

Initial _____ In the event my child suffers any illness or accident requiring emergency treatment while involved in any Triple Tree activity, I hereby give permission for any necessary hospitalization, medication, or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me. In the event of sickness or accident, I waive all claims against volunteers, staff, Triple Tree Board Members, or operators of Triple Tree or its agents that may arise from participation in the activities at the Triple Tree Aerodrome.