**SVSD Health Services**

**Fifth Grade Parents**

Fill this form out for

**ALL student campers**

**Due before 2/28/19**

**Confidential Emergency Health Information**

**2019 CVES 5th Grade Camp**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**:

**Parent/ Guardian email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **[Nurses may use email to obtain updates regarding student health information]**

***Please be aware, in order to provide a safe and healthy environment for your student, this information may be accessible to appropriate school staff, camp staff and volunteer leaders that may have contact with your student.***

|  |  |
| --- | --- |
| **CURRENT HEALTH CONDITIONS:**  | * No Known Health Conditions
 |
| * Asthma
* Severe Allergy

(requires emergency medication)* Seizure Disorder
* Diabetes
* Cardiovascular Condition
* Neurological Disorder
* Frequent headaches
 | * Seasonal Allergies
* Celiac Disease
* Other food allergy / intolerance (see below)
* Immune Deficiency
* Anxiety
* Depression
* Other mental health diagnosis
 | * Orthopedic Problem
* Bowel problem
* Night time bed wetting
* Vision problem

(excluding corrective lenses)* Hearing problem
* ADD/ADHD
* Autism
 |
| * Other Condition**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| Additional comments/physical limitations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICATION:**

Is medication needed **at home?** Yes [ ]  No [ ]

Name of medication: 1) 2)

Is medication needed **at camp\*?**  Yes [ ]  **(please see attached form)** No [ ]

Name of medication: 1) 2)

**\*\*There are several requirement needed to be in place before medication (prescription or over-the-counter) can be allowed at camp, please see the attached medication at camp form.**

**DIETARY NEEDS AT CAMP:**

Does your student have a dietary restriction for food at camp? Yes [ ]  No [ ]

Please list the food your student needs to avoid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the reaction your student has when they are exposed/eat this food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In case of serious injury, illness or an emergency at school the District will make every attempt to reach the student’s parents or the person(s) designated. In the event that the child’s parent(s), guardian(s) or physician cannot be reached, the building administrator or designee will make a decision as to the most appropriate action to take in the student’s best interest.*

*It is the parent’s responsibility to notify the school office or school nurse if there is any change in their child’s health.*

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**