

ONONDAGA CAMP



2017 CAMPER ALLERGY HEALTH HISTORY

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This form must be returned to the Camp before the camper/LIT arrives if he/she has a serious allergy that we should be aware of. Please be as thorough as possible. This information is a supplement to the health history which must also be submitted to the Camp.

Session (A1, A2, B1, B2, C): _____

Camper/LIT Name (first & last): _____ **Date of Birth** (mm/dd/yy): ____/____/____

Allergen (eg. peanuts, gluten, dairy, insect bites, hay fever)	Symptoms / Most Serious Reaction to Date (eg. itching, hives, trouble breathing)	History of Prior Medical Attention (ie. Emergency admittance to hospital, Epi-Pen or Allerject, prescription or non-prescription medication, family doctor, allergy specialist)	Regular Precautions (ie. avoidance, regular medication, medication as required, emergency measures on hand). If taking regular medication please indicate dosage & instructions.
1. _____ Please Select One: <input type="checkbox"/> Minor (eg. sneezing, itching) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphylactic)			
2. _____ Please Select One: <input type="checkbox"/> Minor (eg. sneezing, itching) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphylactic)			
3. _____ Please Select One: <input type="checkbox"/> Minor (eg. sneezing, itching) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphylactic)			
4. _____ Please Select One: <input type="checkbox"/> Minor (eg. sneezing, itching) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphylactic)			

If more room is required please attach a second sheet with necessary details. Thanks!

I understand that should my child require either EpiPen, Allerject, ventolin or other specific medication related to the allergy, I will provide the required medication. I also understand that if my child has a life threatening or anaphylactic allergy my child will not participate in a canoe trip away from camp property unless I have made special arrangements, in writing, with the Director.

Date: _____ Signature of Parent/Guardian: _____