**HEALTH HISTORY AND PERSONAL INFORMATION**

The more information you can provide, the better we can meet the needs of your child. This information will be used by The Mad Platter, and your child’s camp instructor to support your child. If there is additional information of a sensitive nature, please feel free to send a separate letter marked ‘confidential’ to the attention of Margaret Nevill- owner. **We require all campers to be current on immunizations. (proof may be required)**

Is the participant under any form of treatment for an illness, condition or injury? Yes \_\_\_\_\_No \_\_\_\_\_

If yes, please explain and detail routines, medications etc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical or behavioral conditions that we should be aware of? Yes \_\_\_\_\_No \_\_\_\_\_

If yes please take a moment to explain - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If your camper requires additional support at school, they will require additional support at Camp and you must call the studio to inquire prior to registering.***

Does your child use a inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child wear Medic-Alert Bracelet? Yes \_\_\_\_\_ No \_\_\_

\* if yes, what for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carries Epi‐pen: Yes \_\_\_\_\_ No \_\_\_\_\_

\* if yes, what for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies**

Seasonal: Yes \_\_\_\_\_ No \_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Insect: Yes \_\_\_\_\_ No \_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Drugs: Yes \_\_\_\_\_ No \_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Food : Yes \_\_\_\_\_ No \_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Other: Yes \_\_\_\_\_ No \_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Dietary needs or restrictions (please provide details):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there anything else about your camper’s medical history we should know about?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL EMERGENCIES**

In the event of an accident, injury or illness involving the registrant, and immediate contact by The Mad Platter with a designated contact cannot be made, I hereby authorize and grant permission to The Mad Platter staff to secure proper medical treatment and authorize on the registrant’s behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x‐rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold The Mad Platter responsible for any costs or injury arising out of an emergency situation.

**Please Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL SITUATIONS BEYOND OUR CONTROL**

The safety and health of each individual in the program is of utmost importance to The Mad Platter, in the event that we receive notification from a parent that a camper has fallen ill, or has been exposed to an infectious disease**, The Mad Platter will immediately dismiss that participant from the program and notify all parents of other participants that need to be notified**. Parents will release The Mad Platter of responsibility should this type of situation arise. This includes but is not limited to; Influenza, Lice, CoVid19, Chicken Pox and Measles.

**Please Initial \_\_\_\_\_\_\_\_**