

Emergency Contact Information: Please provide two different names and numbers.

- 1) Name: _____ Phone _____ Relationship _____
 2) Name: _____ Phone _____ Relationship _____

Food Concerns: Please see the website under the *Kitchen* tab for camp procedures and policy information.

Condition	Yes	No
Celiac/Gluten		
Lactose Intolerance		
Vegetarian/Vegan		

Condition	Yes	No
Diabetic needing to count carbohydrates		
Critical food allergies		
Needs to stay in a Nut Free cabin		

Please explain any food allergies/conditions and/or other food-related concerns: _____

***Please understand that if your daughter is on a restricted diet, you may need to provide frozen meals from home.**

Health Concerns: Please check and explain any physical or emotional health concerns. *All campers must be self-care to attend camp. Oakcrest does not supply epipens. There are no licensed medical staff employed at Oakcrest.*

Condition	Condition
ADHD/ADD: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Asthma: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
Anxiety: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Hay Fever: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
Depression: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Heart Condition: No <input type="checkbox"/> Yes <input type="checkbox"/>
Other Mental Health Disorder(s): None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Physical Limitations: No <input type="checkbox"/> Yes <input type="checkbox"/>
Seizures: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Special Equipment Needs: No <input type="checkbox"/> Yes <input type="checkbox"/>
Diabetes: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please check: Pump <input type="checkbox"/> Injections <input type="checkbox"/>	

Please explain any of the health concerns marked above, as well as any other health concerns not indicated above (attach additional sheet if necessary): _____

OTC Medication Permission:

I grant permission for my daughter to take the following if needed:

Medication	Yes	No
Ibuprofen		
Tylenol		
Decongestant		
Antihistamine		
Antacid		

Other Known Allergies (latex, medications, insects, etc.)

Long-term Prescription Medications:

Please list any meds that will likely be taken at camp. All prescription meds must be in the original container with dosage instructions clearly legible. Prescription meds will be stored in the first aid office.

Insurance Information: Do you have health insurance: Yes No

Name of Insurance Company and Plan: _____

ID # _____ Group # _____

Bus Ticket