CORNERSTONE SUMMER CAMP
2020 CAMPER HEALTH FORM

Child's Name: _____

Medical History (to be completed by parent or guardian)

1. Does your child have any allergies? ☐ yes ☐ no
   If yes, please provide details and describe severity: _____

2. Is your child on any continuous medication? ☐ yes ☐ no
   If yes, please list the name of the medication(s) and the reason it is being given: _____

3. Has your child ever been hospitalized? ☐ yes ☐ no
   If yes, please list dates and reasons for hospitalization: _____

4. Does your child have any history of:
   - diabetes ☐ yes ☐ no
   - convulsions ☐ yes ☐ no
   - heart problems ☐ yes ☐ no
   - significant disease or recurrent illness (please list) ☐ yes ☐ no
   - other conditions (please list) ☐ yes ☐ no
   - _____

5. Does your child have any mental or physical disabilities? ☐ yes ☐ no
   If yes, please explain: _____

6. If you would like for us to administer non-prescription topical ointments, if needed, during the camp day please indicate below:

   First Aid Ointments ☐ yes ☐ no
   (Neosporin Wound Cleanser for Kids, A&D Ointment, Aquaphor)

   Bendryl Gel Children's Anti-Itch Cool Gel ☐ yes ☐ no

_____ _____
Parent/Guardian Signature Date