



Community Arts Experience WORLDWIDE

Corporate HQ: 1101 30th St NW, Suite 100A, Washington, DC 20007

Tel: (234) 348-1223 • E-Mail: info@caeww.com • www.caeww.com

MEDICAL HISTORY FORM

ALL INFORMATION SUPPLIED IS STRICTLY CONFIDENTIAL. PLEASE TYPE OR PRINT LEGIBLY.

A copy of this form will be sent to the hospital in the event of an emergency.

Student _____ Date of Birth ____/____/____
(Last Name) (First Name) (Middle Initial)

Home Address: _____
(Street Address) (City, State, Zip)

Workshop/Camp(s) Attending _____

CONTACT INFORMATION: Home Phone _____ Evening Phone _____

	NAME	WORK PHONE	CELL PHONE
MOTHER <i>(or Guardian)</i>			
FATHER <i>(or Guardian)</i>			

MEDICAL RELEASE: In the event of an emergency, Community Arts Experience has / has not (please check accordingly) my permission to contact the local emergency ambulance service, who will proceed as necessary. In case of serious injury or illness, my child can be transported to the nearest Emergency Room where they may proceed with treatment including but not limited to medications, injections, anesthesia, and surgery.

Please print name of parent or guardian: _____

Signature of parent or guardian _____ Date _____

Family Physician _____ Office Phone: _____

Insurance Carrier _____ Policy Number _____

Name of Insured _____

HEALTH HISTORY:

Date of last tetanus shot ____/____/____ Check if Current (within ten years.) Yes No

Physical Limitations: Does your child have any physical limitations which might present a special problem, such as any health factor which may require them to follow a limited program of activities?

NO YES *(please list)* _____

Please list any conditions such as recent surgery, reoccurring or infrequent occurrences of mild allergies, hay fever, emotional problems, ADHD, etc.

Does your child have any serious illness? (i.e. heart disease, diabetes, depression)?

NO YES *(please list)* _____

Medical Form for: _____

Workshop/Camp: _____

Does your child have any serious or life threatening allergies, including food allergies, (i.e. bee stings, peanuts, dairy, allergies to medications)?

NO YES (please list) _____

Please list all prescription medications your child will be taking while at camp. **NOTE:** All prescription medications must be in prescription bottles from the pharmacy, appropriately labeled with the Physician's name, the drug name, dosage, and times to be taken. **NO EXCEPTIONS.**

PRESCRIPTION MEDICATION	DOSAGE

Please list all **over the counter** medications your child will be taking while at camp. **NOTE:** All OTC medications must be in their original packaging, with your child's name on the bottle. Please do not send medications in alternate packaging.

OTC MEDICATION	DOSAGE

All medications, with the exception of asthma inhalers, will be turned in to our mentors upon check in. They will keep and distribute all medications to your child as needed.

We keep a supply of the items listed below on hand. Please check any items below that we have permission to administer to your child as needed.

ADVIL	YES <input type="checkbox"/> NO <input type="checkbox"/>	ASPIRIN	YES <input type="checkbox"/> NO <input type="checkbox"/>
Bee Sting Swabs	YES <input type="checkbox"/> NO <input type="checkbox"/>	BENADRYL	YES <input type="checkbox"/> NO <input type="checkbox"/>
Calamine Lotion	YES <input type="checkbox"/> NO <input type="checkbox"/>	MOTRIN	YES <input type="checkbox"/> NO <input type="checkbox"/>
Triple Antibiotic Ointment	YES <input type="checkbox"/> NO <input type="checkbox"/>	TYLENOL	YES <input type="checkbox"/> NO <input type="checkbox"/>

This health history is correct to the best of my knowledge, and the student named above has permission to engage in all activities unless otherwise noted. My child and I have reviewed all regulations pertaining to Community Arts Experience Programs, and we understand that failure to abide by these regulations will result in immediate dismissal from the program, at the expense of the parent or guardian, without refund.

Guardians Printed Name _____

Guardians Signature _____

Date _____