ROTARY YOUTH CAMP OF NORTH FLORIDA, INC.

POST OFFICE BOX 10426

TALLAHASSEE, FLORIDA 32302

850-328-0302

MEDICAL FORM 2024

Name of camper

Emergency contact /Parent name & phone

Birth date: age: sex:

Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hispanic?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications to be taken at camp

|  |  |  |
| --- | --- | --- |
| name | dosage | Time taken & notes |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Special diet, food allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has camper ever had seizures? Last seizure date?

Has the camper had COVID?

Covid shots? Boosters? How many?

Does the camper have diabetes?

Type I or II?

Has the camper ever been Baker Acted or any other type of mental health hold in psychiatric care? When?

Has the camper ever been in Department of Children and Families custody? Temporary or other foster care?

Has the camper ever been in Department of Juvenile Justice care? When?

How long and for what reason?

Has the camper been in any out of home placement?

When?