MEDICAL INFORMATION – PARENT FORM

Name ____

Type of Brain Injury (circle all that apply)

Stroke | Traumatic Brain Injury | Brain Tumor

Other ____

Medical Problems (circle all that apply)

Learning Disability	Movement Problem	Speech Problem	Aggression
ADHD	Depression	Fatigue	Impulsivity
Epilepsy/Seizure Disorder			
Wheelchair	Splints		
Oxygen Need	G-Tube Feeds	Bladder Catheterization	VNS

Other Medical Problems: ____

____

____

Is your child allergic to any medications? Yes No

Is yes, which medications? __________________________________

____

Is your child allergic to latex? Yes No

Is your child allergic to any foods? Yes No

Does your child require ostomy care? Yes No

If yes, please describe:

____

Does your child require catheterization for urination? Yes No

If yes, please describe your routine:

____

Does your child have any skin or wound care problems? Yes No

If yes, please describe:

____

Does your child take all medications by mouth? Yes No

Does your child require any medications be given by G-Tube? Yes No

(describe on medication form in detail)

Does your child require any medications be given by injection? Yes No

(describe on medication form in detail)

If needed, may we give your child:

Tylenol Yes No

Motrin Yes No

Benadryl Yes No

Signature ____

Date _________________

MEDICATIONS – PARENT FORM

Name ____

Please fill out this form providing all information and detailed instructions. This form will guide our medication administration at camp, so we need it to be very detailed and clear to ensure your child receives medications correctly. Applications without all information will be returned. If you need additional space to include all information as clearly as possible, please feel free to attach additional paper.

Medication Name	When Given? (check correct times)				Medication Dose*	How Administered**
	Breakfast	Lunch	Dinner	Bedtime		

***Medication Dose – MUST be given in units of measurement such as "mg" or "ml". We cannot accept forms that list number of pills or spoonfuls. If you're unsure, please ask your pediatrician or pharmacist to help you complete the form.**

****How Administered – Please give DETAILED instructions to ensure we administer accurately and in a form your child can take. Items to consider include:**

Whether given by "mouth", "G-Tube," "Inhaler," or "Injection".

Whether it needs to be mixed with a specific amount of water.

Whether it needs to be crushed.

Whether child takes medication with specific food (juice, milk, applesauce).

Signature ____ **Date** ________________