



Camp Ak-O-Mak

2010

MEDICAL HISTORY ~ 4 OF 5

Health History: VERY Important and MUST Be Completed

Camper's Name: _____

CURRENT MEDICATION:

YES

NONE

1. _____	_____	_____
Medication	Dosage	Frequency
2. _____	_____	_____
Medication	Dosage	Frequency
3. _____	_____	_____
Medication	Dosage	Frequency
4. _____	_____	_____
Medication	Dosage	Frequency

Please identify medication taken during the school year that the camper does not take during the summer. (if any): _____

IMPORTANT:

If your child has any unusual health conditions as listed below please check the box.

Anaphylaxis.

Allergy to Drug(s).

Not to receive certain medical treatments for Religious reasons.

Please Explain: _____