



Medical Information

Child's Name

Date of Birth

M F
Sex

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Does your child have any food, medication or environmental allergies? Yes No

If yes, please list: _____

Does your child have any medical conditions staff should be aware of (asthma, seizures, etc.)? Yes No

If yes, please list: _____

Depending on the condition, you may be sent additional materials to fill out.

Are your child's immunizations up-to-date on the following vaccines? Yes No

- Polio
- Haemophilus influenzae type B
- Measles, Mumps, and Rubella (MMR)
- Hepatitis B
- Varicella (Chickenpox)

Are your child's immunizations up-to-date for Diphtheria, Tetanus, and Pertussis (DTaP)? Yes No

If yes, what was the date of their last vaccination: _____

Has your child received a COVID vaccination? Yes No

If yes, please list the date of each vaccination: First: _____ Second: _____ Booster: _____

Are there any other medical conditions/considerations staff should be aware of?

Does your child require any medication that must be taken while they are at camp? Yes No

If yes, please fill out the form on the backside of this document and write down your child's weight: _____

Medication Authorization Form

Medications are any substance given for medical treatment and include both prescription and over the counter drugs. As much as possible, guardians should administer any needed medications prior to or after camp, however if medications must be taken during their time at the Garden then the following information must be provided for each medication:

Medication: _____ **Start Date:** _____ **Stop Date:** _____

Reason: _____

Dose: _____ **Route:** _____ **Storage:** Room temp Refrigerated With Child Other: _____

When to administer: _____

Additional instructions: _____

Known side effects to child: _____

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Medication: _____ **Start Date:** _____ **Stop Date:** _____

Reason: _____

Dose: _____ **Route:** _____ **Storage:** Room temp Refrigerated With Child Other: _____

When to administer: _____

Additional instructions: _____

Known side effects to child: _____

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Medication: _____ **Start Date:** _____ **Stop Date:** _____

Reason: _____

Dose: _____ **Route:** _____ **Storage:** Room temp Refrigerated With Child Other: _____

When to administer: _____

Additional instructions: _____

Known side effects to child: _____

California requires medications stored at camp to be in their original pharmacy containers. Prescriptions need labels which show the camper's name and how the medication should be given. We are unable to administer medications that are unlisted, not in their original containers, or expired. It is recommended that prescription medicines are sent with the medication guide or package insert. You will need to provide enough medication to last the entire time the child will be at camp. To ensure that all medications are administered properly, we may need to schedule a phone call or meeting to discuss the medication further. Medication must be administered at least once prior to camp to ensure they do not experience any adverse effects.

By signing this document, I agree that Santa Barbara Botanic Garden staff may administer the following medications to my child. I also authorize Garden staff to contact the prescribing health professional about administration of this medicine if necessary. I have administered at least one dose of medicine to my child without adverse effects.

Parent or Guardian Signature: _____

Date: _____

Print Name: _____