E l i t e H e a l t h
Of Naples LLC
Registration and Health Form

Please fill out one Registration Form per child.

Child Name: D.O.B.:

Grade Entering in the Fall: Hair Color: Eye Color: Height: Weight:

Mother/Father's Name: Guardian/Babysitter/Other Name(s):

Address: City: State: Zip:

Mother Cell: Father Cell:

Guardian/Babysitter/Other(s) Cell: Family E-mail:

In Case of Emergency Please Call: Phone:

Please Check Any of the Below Options that Apply to the Child.

☐Asthma	☐Frequent Headaches	☐Child carries an Inhaler/Epi-Pen/Glucose Meter	
☐Seizures	☐ADHD or ADD	☐Allergies (bees, food, medications, etc.)	
☐Chicken Pox	☐Physical Limitations	☐Hearing Difficulty	☐Frequent Ear Infections
☐Speech Difficulty	☐Heart Defect/Disease	☐Child Wears Glasses	☐Vision Difficulty
☐Fainting	☐Emotional Problems	☐Diabetes	☐Behavioral Problems

☐Special Considerations/Other:

☐My child has special food needs. Please elaborate:

Please list ALL medications (including over –the-counter or non-prescriptive drugs) taken daily.
All medication administered at camp must be in the original package/bottle that identifies the prescribing Physician (if prescription drug), the name of the medication, dosage and the frequency of administration.

☐My child takes NO medications on a routine basis. **☐My child carries an Epi-Pen.**
☐My child takes medications as follows. **☐My child carries an Inhaler.**
☐My child carries a glucose meter.

Medication: Dosage: Time Taken: Reason:

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Additional information:

Emergency Authorization

☐This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Permission to Treat

☐I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian