



## MEDICAL INFORMATION FORM

*One form per condition*

Child Name (First and Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

### MEDICAL CONDITION DETAILS

Name of condition \_\_\_\_\_

When was this diagnosed? \_\_\_\_\_ Is the condition well controlled or managed? YES NO

What are the participant's typical symptoms? \_\_\_\_\_

Are there any triggers or factors that make it worse? \_\_\_\_\_

Is the participant currently taking any medications for this condition? YES NO

If yes, please list them \_\_\_\_\_

Will any medication need to be administered during the program?\* YES NO

*\*if yes, then please complete a medication administration form*

Are there any restrictions on activities or precautions needed due to this condition? YES NO

If yes, please describe \_\_\_\_\_

Is any additional support or accommodations needed for participation in the program? \_\_\_\_\_

Is there any other information that would help staff provide the best care and support for the participant?

Any specific tips or strategies that have worked in managing the medical condition in similar settings (e.g., school, daycare, previous camps, other programs)? \_\_\_\_\_

### EMERGENCY DETAILS

What is the treatment plan in case of an emergency related to this condition? \_\_\_\_\_

What are the signs that require immediate medical attention? \_\_\_\_\_



Burlington Parks, Recreation & Waterfront  
Miller Community Recreation Center  
130 Gosse Court, Burlington, VT 05408  
(802) 864-0123

What specific actions should be taken if the child experiences a flare-up or worsening of the condition?

---

**PROVIDER'S INFORMATION**

Primary Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Specialist Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

*I hereby give permission for camp staff to seek medical attention for the participant in case of an emergency. I also give permission for BPRW staff to contact the health professional(s) listed above about this condition if needed. I have fully read the program description and feel the participant will be able to participate fully in the program with this condition.*

\_\_\_\_\_  
Parent/ Guardian Name (Print)

\_\_\_\_\_  
Parent/ Guardian Signature

Phone \_\_\_\_\_