



# 2018 Cheeky Monkeys' Playland Day Camp

## HEALTH FORM

Please inform Cheeky Monkeys' Playland staff in writing of any changes to your child's health prior to their arrival at camp.

\*Please note that staff may not directly administer medications to participants

Child's Name: \_\_\_\_\_

Does your child have any allergies?  Yes  No

If yes, what is your child allergic to? \_\_\_\_\_

Does this allergy require an epi-pen?  Yes  No

Are there any special instructions needed for managing your child's allergy?

\_\_\_\_\_

Does your child take any medication?  Yes  No

Please list any medications, dosages & times to be taken:

Medication	Dosage	Time(s) to be Taken

**\*Please note that all medication must be in its' original container and all instructions attached.**

Is there anything else that we should know about your child?

I hereby certify that the information on this form is correct and complete to the best of my knowledge. I give permission for camp staff to address any concerns relating to my child while he/she is under their care.

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