



Medical Health Information:

Camper's Physician or Healthcare Provider: _____

Address: _____

Telephone: _____

Name of Preferred Hospital: _____

Address: _____

List ALL Health or Medical issues that Kansas Aviation Museum, Inc. needs to be aware of:

Allergies - List ALL Allergies: medical, food, insect, etc. with reactions AND treatments:

Special Dietary Needs - List ALL food(s) and/or beverages to be provided due to dietary needs. Provide explanation of when/times may be given and how food/beverage items are to be stored and administered:

Medications - List ALL medication with dosage, and if they will be administered while at the Kansas Aviation Museum, Inc. (KAM). If medication will be taken/given at KAM, explanation must be provided of how and when medication(s) are to be administered and stored. KAM staff/other KAM volunteers will NOT administer medication with the exception of life threatening situation, e.g. EPI Pen in case of severe allergic reaction.

The Camper will administer medication(s) in presence of the Director of Operations with the exception of need of an emergency inhaler because of asthma attack. ALL medicines, other than emergency inhaler for asthma, will be kept in the office of the Director of Operations while youth is at camp. The Director of Operations is to be notified immediately of any usage of inhaler to monitor the camper in case of further medical attention is necessary:

Describe any special accommodations needed:

I, as parent/legal guardian, verify all the medical information provided is true and accurate. If new medications or health issues arise after the initial Medical Health Information Form is turned in, I will ask for a new form and will complete and return the form, prior to the beginning of camp.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____