2025

Dear Camper:

Enclosed is your application packet. **Please fill it out completely and return it before May 9, 2025**. I'm very excited that you will be attending Camp Roehr 2025 the week of June 7th – 13th, 2025 as a camper.

After processing your application, you will be receiving a final packet with directions, a list of needed items to bring, arrival/departure time schedule, and camp site information.

If you have any questions, please feel free to call me at (618) 236-2181.

Sincerely,

Camp Director
Epilepsy Foundation of Greater Southern Illinois

Brief Overview

Camp Roehr Mission: To provide a safe, enjoyable, residential camping experience for children with a primary diagnosis of epilepsy, to build self-esteem by promoting self-confidence, competency and social interaction, and to foster independence in a safe environment away from home.

Camp Roehr is a 7 day/6 night residential summer camp for children with epilepsy ages 6 through 17 held at the YMCA Trout Lodge and Camp Lakewood in Potosi, MO. Often children with epilepsy are denied the privilege of attending summer camp because of their epilepsy, but that is not the case at Camp Roehr. Camp is a place where children are able to try new things in an environment that is safe, encouraging, and supportive.

Eligibility and Criteria

Any child with epilepsy and/or seizure disorder age 6 through 17 is eligible to apply to attend Camp Roehr. Camp Roehr is intended for physically abled children that are functioning at a developmentally appropriate level, and do not have severe physical and behavioral problems. Child must have primary diagnosis of epilepsy and be on anti-seizure medications and/or physician approved treatment therapy (i.e. Ketogenic diet, VNS, etc.) Any secondary diagnosis will be evaluated by our Camper Selection Committee.

Eligibility for selection to attend Camp Roehr is dependent upon completion of all forms, releases, and applications in this packet. All applications are reviewed and campers are selected by the Camper Selection Committee. Campers will be notified by either phone or mail of the selection committee's decision no later than May 23rd, 2025

Should any information completed in this application be found to be falsified previous to and/or during the week of camp, the Epilepsy Foundation of Greater Southern Illinois reserves the right to deny acceptance and/or send the camper home. (For example, but not limited to: excessive physical limitations, required care that does not reflect our staff ratio, behavior disturbances, etc.)

Application, Deadlines, Submission Information

To apply to participate in Camp Roehr, the parent/legal guardian must complete, sign, and return the two-part Application Packet.

Camper Application – **All forms below must be signed and returned by May 9, 2025.**

- Part A – Camper Information Form
- Part B – Emergency Health Information Form
- Part C – Health History Form
- Part D – Camper Care Information Form
- Part E – Camp Roehr Consent Form
- Part F – Acknowledgement of Behavior Policy Form
- Part G – Camper Treatment Form
- Part H – Medication Administration Form
- Part I – Camper Dismissal Policy Form
- Part J – Packing Your Camper's Medication

Camp Physical Evaluation Form – **Must be completed, signed by physician, and returned by May 16, 2025.**

Campers are encouraged to register early. Camper space is limited by many factors. Your child **WILL NOT** be placed on the camper list until **ALL** of the requested documents are received. Original signatures required; applications will **ONLY** be accepted by mail or drop off:

Epilepsy Foundation of Greater Southern Illinois
Attn: Camp Director
3515 North Belt West
Belleville, IL 62226

For questions, concerns, or if you require assistance with the application, contact us by phone (618) 236-2181 or toll free (866) 848-0472.

The Epilepsy Foundation of Greater Southern Illinois provides equal opportunity to qualified persons without regard to race, color, creed, sex, or national origin.

PART A – CAMPER INFORMATION

(This section is to be completed by the parent/legal guardian; all information provided is confidential.)

Camper Name: _____
Last First Middle Initial

Name your child likes to be called: _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Child Lives With: ☐ Both Parents ☐ Father ☐ Mother ☐ Legal Guardian

Date of Birth: _____ Age: _____ Cognitive Age (If different from physical age): _____

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other: _____

Social Security Number: _____

Camper's T-Shirt Size: Youth ☐S ☐M ☐L ☐XL Adult ☐S ☐M ☐L ☐XL ☐XXL

SCHOOL INFORMATION

School Name: _____ District: _____

Grade Next Fall: _____ Special Education Classes: ☐ Yes ☐ No

PARENT/LEGAL GUARDIAN INFORMATION

Mother's Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Father's Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

PART B – EMERGENCY INFORMATION

In the event we are unable to contact parent/legal guardian in an emergency, we will contact the following persons regarding your child. If parents are out of town during the week of camp, we **MUST** have a contact person that can be reached and is within driving distance of Camp Roehr.

List two emergency contacts OUTSIDE of your home:

Emergency Contact 1	Emergency Contact 2
Name: _____	Name: _____
Relation to Camper: _____	Relation to Camper: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

Camper's Physicians

Primary Care Physician/Pediatrician	Neurologist
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

Health Insurance

****NOTE: Please provide a copy of the child's insurance card!**

Does your child have health Insurance? ☐ Yes ☐ No Carrier: _____

Policy Number: _____ Group Number: _____

Policyholder Name: _____ Relation to Camper: _____

PART C – HEALTH HISTORY

Camper Name: _____ Age: _____ Height: _____ Weight: _____

Does your child have a history of the following conditions (*attach a sheet of paper if additional space is needed*)							
Condition	**Yes**	**No**	**Explain**	**Condition**	**Yes**	**No**	**Explain**
Asthma				Kidney Disease			
Behavioral Disorders (e.g. ADHD, Austism)				Long/Respiratory Disease			
Bleeding Disorders				Menstrual Problems			
Cerebral Palsy				Muscular/Skeletal Condition			
Developmental Disabilities				Psychriatic/psycho-logical or emotional difficulties			
Diabetes – Type 1				Sleep Disorders			
Diabetes – Type 2				Serious Injuries			
Ear/Sinus Problems				Surgery			
Heart Disease / Hypertension				Thyroid Disease			
Intellectual Disabilities (MR)				Other			

Miscellaneous

Please answer the following questions about your child:	**Yes**	**No**	**Additional Information**
Does your child wear glasses or contacts?	☐	☐	_____
Does your child wear a hearing aid?	☐	☐	_____
Does your child have a VNS?	☐	☐	_____
Does your child wear a retainer?	☐	☐	_____
Does your child use adaptive equipment (i.e. AFO/Brace)?	☐	☐	_____
Does your child have a seizure dog?	☐	☐	_____
(Females Only) Has your child started her menses?	☐	☐	_____

Immunizations: Please check if immunization received and attach a copy of your child's current vaccination record. If they have had the illness please list a date of illness. **Tetanus immunization is required for camp.**

Immunization	**Yes**	**No**	**Date of Illness**	**Immunization**	**Yes**	**No**	**Date of Illness**
Tetanus or DTP	☐	☐	_____	Chicken Pox	☐	☐	_____
Measles	☐	☐	_____	Hepatitis A	☐	☐	_____
Mumps	☐	☐	_____	Hepatitis B	☐	☐	_____
Rubella	☐	☐	_____	Influenza	☐	☐	_____
Polio	☐	☐	_____	Other	☐	☐	_____

Allergies

List allergies below, if no allergies or reactions write "None"

Medication Allergies	Foods/Plants/Pollens/Insections

Seizure Summary

Age child was diagnosed with epilepsy: _____ Date of Last Seizure: _____

Seizure Type(s) *(Please check all that apply for your child)*

☐ Absence Seizures (Petit Mal) ☐ Atypical Absence ☐ Atonic (Drop Attack) ☐ Simple Partial

☐ Tonic-Clonic (Grand Mal) ☐ Complex Partial (Temporal) ☐ Secondary Generalized

☐ Non-epileptic ☐ Other: _____

How many seizures does your child have per month: _____ How long do they last: _____

Description of your child's typical seizure:

Describe in detail what do your child's seizures look like: _____

_____

_____

Describe your child's recovery period after a seizure (i.e. sleepy, confused): _____

_____

Does your child have loss of bowel or bladder control during a seizure? ☐ Yes ☐ No

Does your child usually get a special warning (aura) before a seizure? ☐ Yes ☐ No If yes, please describe:

_____

Has your child had epilepticus or a seizure that lasts longer than 15 minutes? ☐ Yes ☐ No

How Often? _____ Date of last episode: _____

What action did you take? _____

List any identifiable seizure triggers or avoidances: _____

_____

_____

Does your child have nocturnal seizures? ☐ Yes ☐ No If yes, how are they handled? _____

_____

_____

Emotional Health

(Please include a separate sheet of paper if you require additional space)

Does your child have any special fears, emotional or behavioral problems? ☐ Yes ☐ No If yes, please explain:

_____

_____

Is your child on medication for psychiatric, emotional, behavioral problems? ☐ Yes ☐ No If yes, please explain:

_____

_____

Do you feel your child's emotional/behavioral problems are well-controlled? ☐ Yes ☐ No If yes, please explain:

_____

_____

How do you handle behavioral problems at home/school? Please explain:

_____

_____

PART D – CAMPER CARE INFORMATION

Please answer all questions as thoroughly as possible so that we can best care for your child while at camp.

Has your child attended an overnight or week-long camp before? ☐ Yes ☐ No If NO, has your child ever slept overnight away from your family? ☐ Yes ☐ No

Has your child attended epilepsy camp before? ☐ Yes ☐ No If YES, date last attended: _____

Does your child function (cognitive/behavior, etc.) at his/her age? ☐ Yes ☐ No If NO, please describe: _____

_____

What is your child most looking forward to at Camp Roehr? _____

Favorite Activities: _____

Special needs, comfort items, rituals: _____

Bedtime/sleep habits (light, heavy, sleepwalking, nightmares, etc): _____

Bedwetting? ☐ Yes ☐ No If YES, how is this handled at home? _____

Physical or mental limitations: _____

Recent stressful events we should know about: _____

Serious fears: _____

Has your child ever been the victim of bullying? ☐ Yes ☐ No If YES, explain how it was handled: _____

_____

Can your child shower alone? ☐ Yes ☐ No

Can your child toilet alone? ☐ Yes ☐ No

Can your child walk alone? ☐ Yes ☐ No

Can your child feed himself/herself? ☐ Yes ☐ No

What behavior, attitudes, etc. are typical/atypical? _____

_____

What type of instruction does your child typically respond to best? _____

_____

Does your child have any other special needs or anything else that would be helpful for the counselor to know? ___

_____

_____

*****NOTE: Camp Roehr is not staffed to care for children with severe emotional/behavioral problems*****

PART E – CAMP ROEHR CONSENT

Please read and initial to confirm that you have read each section.

Name of Camper (Print): _____

PARTICIPATON CONSENT. **My signature below gives my consent for my child to participate in camp activities at Camp Roehr**. I understand and certify that my child may participate in Camp Roehr and its activities at YMCA Trout Lodge and Camp Lakewood, and that his/her participation is completely voluntary. I have familiarized myself with the programs and activities at Camp Roehr in which my child will participate. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not be limited to, the activities of horseback riding, high and low elements rope course, swimming, archery, canoeing and team sports such as soccer. I acknowledge that although the Epilepsy Foundation of Greater Southern Illinois (EFGSI) and YMCA Trout Lodge and Camp Lakewood have taken safety measures to minimize the risk of injury to camp participants, EFGSI and YMCA Trout Lodge and Camp Lakewood cannot ensure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents, or injuries. I understand that under Missouri Law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for Camp Roehr. I have received approval from a doctor authorizing my child to participate in Camp Roehr and its activities at Camp Roehr and YMCA Trout Lodge and Camp Lakewood. _____ (*Initial*)

PERMISSION FOR TREATMENT AND TRANSPORT. **My signature below gives my consent for my child to be treated and transported**. The health history described in the Camp Roehr Camper Information and Health History Form is correct to the best of my knowledge. In the event of an accident or injury involving my child, I authorize the Camp Roehr and/or YMCA Trout Lodge and Camp Lakewood directors, counselors, program staff, medical staff, volunteers or other executors to obtain medical treatment for my child and to transport if needed. I give permission to the physician selected by EFGSI to order x-rays, routine tests, and treatments; and, in the event of any perceived emergency. I give permission to the physician selected by EFGSI to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. I understand that payment of any medical expenses incurred by my child will be my responsibility. _____ (*Initial*)

LIABILITY RELEASE. **My signature below releases the Epilepsy Foundation of Greater Southern Illinois (EFGSI) and/or the YMCA Trout Lodge and Camp Lakewood from any and all liabilities**. I, the undersigned, understand that occasionally accidents occur during camp activities, and that participants may sustain serious personal injury and property damage as a consequence thereof. Knowing the risks of camp activities, I nevertheless agree to assume those risks. By signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors and administrators, and anyone claiming by, through or under any of them. I HEREBY RELEASE AND FOREVER DISCHARGE THE EPILEPSY FOUNDATION OF GREATER SOUTHERN ILLINOS AND YMCA TROUT LODGE AND CAMP LAKEWOOD, AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS (THE "RELEASED PARTIES") FROM ALL CLAIMS, CAUSES OF ACTION OR DAMAGES ARISING OUT OF ANY INJURY, ILLNESS, OR LOSS OF ANY KIND, THAT MAY BE SUSTAINED BY MY CHILD DURING OR RELATED TO MY CHILD'S ATTENDANCE AT CAMP ROEHR AT YMCA TROUT LODGE AND CAMP LAKEWOOD, WITHOUT REGARD TO THE CAUSE OR CAUSES OF SUCH INJURY, ILLNESS, OR LOSS. EVEN IF SUCH CLAIMS, CAUSES OR ACTION, OR DAMAGES ARISE FROM THE NEGLIGENCE OR CARELESSNESS OF THE RELEASED PARTIES. _____ (*Initial*)

MEDIA RELEASE. I hereby give the Epilepsy Foundation of Greater Southern Illinois (EFGSI) and YMCA Trout Lodge and Camp Lakewood the right to interview and/or take photographs, audio, or audio-visual recordings of my child, which may be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets, brochures, and their websites. The EFGSI and YMCA Trout Lodge and Camp Lakewood shall have the right to use photographs or other images of my child in promotional, educational, or fundraising materials. I hereby release the EFGSI and YMCA Trout Lodge and Camp Lakewood from any and all claims arising out of such photography, reproduction, publication of exhibition as is authorized by EFGSI and/or YMCA Trout Lodge and Camp Lakewood. I acknowledge that I have legal authority to sign this form on behalf of the above mentioned child. Media release is required to attend Camp Roehr. _____ (*Initial*)

The undersigned acknowledges and agrees to the rules and responsibilities set forth therein.

_____	_____	_____
Printed Name	Signature of Parent/Legal Guardian	Date

PART F – ACKNOWLEDGEMENT OF BEHAVIOR POLICY

Must be signed by both parent and camper.

Policy:	Management of camper behavior problems at Camp Roehr.
Objectives:	Provide a quality experience for all campers and volunteers. Decrease the risk of injury to campers and staff. Outline steps for management of extreme behavior problems.
Implementation:	The staff may identify problem behavior as conduct that is disruptive to others at camp or appears harmful to other campers. The following lists specific examples of those behaviors, followed by intervention the staff may take to provide a solution to the problem in order to reach the given objectives.
Examples of Minor Problems:	Teasing, calling names, talking back to staff, failure to cooperate, speaking out of turn, interrupting.
Examples of Major Problems:	Kicking, hitting, biting, bullying, throwing things, spitting, taking other's belongings, pushing, dunking in the pool, etc.
Exceptions and Disclaimer:	The following course of action could be bypassed in the event of severe behavioral, emotional, or physical disturbances per discretion of the Camp Director. Examples of such behavioral disturbances include but are not limited to: threatening a camper/staff member, physically harming anyone, in any of these cases, the Director has the authority to send the camper home.
Strike I **Course of Action:**	Intervening Staff: Cabin Counselors Call the behavior to the camper's attention. Inform the camper of the consequences, if the behavior continues (i.e. time out). Redirect the camper's attention.
Strike II **Course of Action:**	Intervening Staff: Cabin Counselors, Assistant Directors, Camp Director Possible sit-out. Staff explains to the camper that because s/he has continued the behavior, s/he will sit out of the group for several minutes or the remainder of the activity. A call will be made to the child's parent or legal guardian. Parent/Guardian will be asked for assistance in redirecting child's undesirable behavior.
Strike III **Course of Action:**	Intervening Staff: Camp Director and Epilepsy Foundation Staff Child will be sent home. A child is given two opportunities for behavior modification. If the inappropriate behavior is repeated after the call home, the parent or legal guardian will be called to have the child picked up. If the parent or legal guardian cannot be reached within 4-6 hours, the emergency contact will be called. THE CHILD MUST BE PICKED UP WITHIN 12 HOURS AT FAMILY'S EXPENSE.

WE HAVE READ, DISCUSSED AND AGREE TO THE BEHAVIOR POLICY FOR CAMP ROEHR.

_____	_____	_____
Camper Printed Name	Camper Signature	Date
_____	_____	_____
Parent Printed Name	Parent Signature	Date

PART G – CAMPER TREATMENT FORM

Camper's Name: _____

Please check which therapy your child is currently on (*check all that apply*):

☐ Medications ☐ Ketogenic Diet (if modified, please explain below)

☐ Vagus Nerve Stimulator ☐ Other (please list) _____

Special Instructions or Needs:

Is your child able to swallow pills: ☐ Yes ☐ No If no, describe how your child takes medications at home?

_____

Are there any special instructions that the medical staff should be aware of concerning your child's medications?

☐ Yes ☐ No If YES, please explain _____

_____

Consent to Administer Medications (*Please initial each item to indicate authorization*)

_____ I authorize Camp Roehr medical staff to administer prescribed medications listed on the Medication Administration Form as indicated/ordered by the physician.

_____ I authorize Camp Roehr medical staff to administer emergency medications as ordered. If emergency medication is not provided, I authorize the Camp Roehr Neurologist to prescribe/dispense medications for the reduction of cluster/emergent seizures (parent/guardian will be contacted by phone prior to taking this action) or to transport to ER if necessary.

_____ I will update the Medication Administration Form that if medications are changed before camp.

_____ I will provide medications in the original pharmacy containers or bubble packed, with physician instructions on the label(s) plus individually packed medications (see attached packing instructions).

_____ I will provide medication in sufficient quantities for the number of days/nights of camp. I understand camp staff will be unable to refill medications.

_____ I authorize Camp Roehr medical staff to administer approved over the counter medications as needed during camp.

_____ I will provide over the counter medications with the instructions clearly labeled on the bottle (i.e. Children's Multivitamin, give one tablet once daily).

Over the Counter Medications

The following over-the-counter (OTC) medications or topical treatments may be provided during Camp Roehr (dose dispensed as indicated for child's age/weight unless otherwise noted on Medication Administration Form).

Tylenol/Acetaminophen	☐ Yes	☐ No	Triple Antibiotic Cream	☐ Yes	☐ No
Ibruprofen/Advil/Motrin	☐ Yes	☐ No	Hydrocortisone Cream	☐ Yes	☐ No
Tums/Antacids	☐ Yes	☐ No	Calamine Lotion	☐ Yes	☐ No
Claritin (Loratadine)	☐ Yes	☐ No	Topical Mosquito Spray	☐ Yes	☐ No
Zyrtec (Certirizine)	☐ Yes	☐ No	Topical Sunscreen	☐ Yes	☐ No

I hereby give my permission to Camp Roehr medical staff to administer prescribed and approved over the counter medications (selected above) to my child as indicated in the Consent to Administer Medications section above.

_____ _____ _____

Print Name Parent/Guardian Signature Date

PART H – MEDICATION ADMINISTRATION FORM

Camper's Name: _____

Last First Middle Initial

MEDICATION LIST

Please include all medications – including as needed medications, over the counter medications, inhalers, and rescue medications (i.e. diastat, epipen, nebulizer treatment)

Please copy this form should you need additional space.

Medication Name	Medication Strength (mg)	Route (oral, inhaled, rectal)	Breakfast 8:00 – 9:00 am	Lunch 12:00 – 1:00 pm	Afternoon 3:00 – 4:00 pm	Dinner 5:00 – 6:00 pm	Bed Time 8:00 – 9:00 pm
Sample – Keppra	500mg per pill	Oral	2 pills (1000 mg)			2 pills (1000 mg)	

Parent Signature _____ Date _____

PART I – CAMPER DISMISSAL POLICY

I understand that the Epilepsy Foundation of Greater Southern Illinois will dismiss any camper from Camp Roehr who needs treatment by their own physicians, cannot adjust to the camp environment (extreme home sickness) or is disruptive to other campers or to camp activities. Camp Roehr will make every attempt to accommodate each camper, but given the above conditions; it may be best for the camper to go home.

In the event that my child needs to be sent home, I will be responsible for his/her transportation or I will assume the cost of transportation home.

_____	_____	_____
Printed Name	Parent/Guardian Signature	Date

PART J - PACKING YOUR CAMPER'S MEDICATION

Dear Parents,

Welcome to Camp Roehr 2025! This note is to let you know how the medication for camp needs to be packed.

Medications are usually given out at breakfast (8:00-9:00), lunch (12:00-1:00), mid-afternoon (3:00-4:00), dinner (5:00-6:00), and bedtime (8:00-9:00). We like to keep with the above times if possible because the campers are usually all in one area except during the mid-afternoon. We can however accommodate special times if needed.

The medications your child needs to be given the week of camp will need to be packed in individual envelopes or zip lock bags labeled with day and time of medication(s), camper's name, the medication(s) listed and dose to be given at a particular time. Please see example on page 2 of this letter.

NOTE: IF YOUR CHILD HAS A PRN ORDER FOR DIASTAT, IT MUST BE SENT WITH OTHER MEDICATIONS!

PILL BOXES WILL NOT BE ACCEPTED AT CAMP!

In addition to packing the medications by each individual dosage we also need you to send two extra dosages in the original bottle that has the pharmacy label with the correct current dosages in case there is a question throughout the week. We will return your bottles and any unused medication to you when you pick your child up from camp.

I realize this is time consuming for you, however we may be passing medications to 45-50 individuals and we have found over the years this is the most efficient way to make sure we are giving the right medication, to the right camper, at the right time.

Please see the next page for instructions and example. If you have any questions, please call 618-236-2181. If you call, you may need to leave a message and I will return your call as soon as possible.

Sincerely,

Camp Director
Epilepsy Foundation of Greater Southern Illinois

The following information should be on each envelope or bag:

1. Day and Time
2. Name of Camper
3. Medication with total dosage of each medication
4. List any liquid medications, injections, or refrigerated medications on the bag or envelope
5. Place all the bags or envelopes of medication along with the pill bottles with correct label into one large bag.

NOTE: Your pharmacist will label empty bottles with correct instructions even if it is not time to have the medication refill. Tell them it is for camp. They may have to call the child's physician for correct instructions if child's meds have been changed since the last written prescription.

EXAMPLES

Sunday 6/11 Bedtime
Tommy Schaefer
Topamax 75mg
Carbatrol 300mg
Septra DS 1 tsp

Monday 6/12 Breakfast
Tommy Schaefer
Topamax 100mg
Carbatrol 300mg
Septra DS 1 tsp

Tuesday 6/13 Lunch
Tommy Schaefer
Topamax 75mg
Carbatrol 300mg

CAMP PHYSICAL EXAMINATION

This examination must be performed within 12 months of camp.

TO THE EXAMINING PROVIDER (M.D., D.O., P.A.-C, N.P.) You are being asked to certify that this individual has no contraindication for participation in a rigorous outdoor overnight camping experience.

Child's Name: _____ Age: _____ Sex: ☐ Male ☐ Female

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

	Normal	Abnormal	Explain Any Abnormalities			
Eyes				**Other**	**Yes**	**No**
Ears				Contacts		
Nose				Dentures		
Throat				Braces		
Lungs						
Neurological				Medical Equipment (CPAP, O2, AFO):		
Heart						
Abdomen				Allergies		
Skin						
Extremities				Current Epilepsy Treatment: ☐ Medication		
Emotional Adjustment				☐ Vagus Nerve Stimulator ☐ Ketogenic Diet ☐ Other _____		

Seizure Classification: Type 1: _____ Type 2: _____

Other chronic or recurring illnesses or physical limiting conditions: _____

Describe any behavior disturbance: _____

Special instructions/comments/limitations: _____

Does child have emergency medications prescribed for emergent seizures (clusters/prolonged seizures)? ☐ Yes ☐ No

LIST ALL MEDICATIONS CHILD IS CURRENTLY TAKING

Medication	Dose	Frequency

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in an overnight outdoor camping experience. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

_____ _____ _____

Examining Physician (Print) Signature Date

_____ _____ _____

Address City, State, Zip Phone Number