

**KIDS & K-9 CAMP**  
**MEYER'S TAILS UP FARM**  
**MEDICAL INFORMATION FORM**

**NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM**

Date: \_\_\_\_\_

Camper's name: \_\_\_\_\_ Camper's Date of Birth: \_\_\_\_\_

Camper's address: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

If unable to contact above parent/guardian, please notify:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

or

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is camper enrolled in a Illinois public or private school? \_\_\_\_ Yes \_\_\_\_ No

If yes, what school system: \_\_\_\_\_

Is your child exempt from immunizations because of religious or medical reasons? \_\_\_\_ Yes \_\_\_\_ No

The examination of \_\_\_\_\_ was within normal limits with the following exceptions:

\_\_\_\_\_  
\_\_\_\_\_

Immunizations have been completed: \_\_\_\_ Yes \_\_\_\_ No

Date of most recent tetanus booster: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications/Name/Dose/When taken: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

Limitations to Activity: \_\_\_\_\_

**Primary Health Care Provider Information**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Please mail or return to:

KIDS & K-9 CAMP/MEYER'S TAILS UP FARM

5390 Irene Road

Belvidere, IL 61008

**KIDS & K-9 CAMP**  
**MEYER'S TAILS UP FARM**  
**PARENTAL CONSENT FORM**

**NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM**

Dear Parents of Children attending Kids & K-9 Camp at Meyer's Tails Up Farm,

The following is a parental consent form from Meyer's Tails Up Farm. This consent form is to be filled out by the parent/guardian and to be used if any medical attention is needed for your child during his/her participation in the Kids & K-9 Camp at Meyer's Tail Up Farm.

Please sign after carefully reading.

Sincerely,

Kent & Gwen Meyer

Meyer's Tails Up Farm

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**Parental Consent for Medical Treatment**

The law requires that parental permission be obtained for medical procedures on minors. The following consent form should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in extreme emergency, without parents or guardians being contacted and fully informed.

I give permission for such diagnostic/therapeutic procedures as may be deemed necessary for my child, and to present information concerning his/her medical condition to other responsible Meyer's Tails Up Farm staff when requested.

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

Parent/Guardian's Name: \_\_\_\_\_

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

Relationship to camper: \_\_\_\_\_

Is your camper covered by health insurance for doctor and hospital bills? \_\_\_\_\_

If "yes" what company? \_\_\_\_\_

Policy # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

**Please name all persons allowed to pick up your child:**

_____	_____
_____	_____
_____	_____

Kids & K-9 Camp

Meyer's Tails Up Farm

CONSENT FOR ADMINISTRATION OF APPROVED MEDICATIONS

NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication Allergies/Sensitivities:

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List any medication (s) your child receives on a regular basis:

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I hereby give permission for my child, \_\_\_\_\_ to receive medication listed in this form by the Camp Director. I have checked those medications below I wish to be made available to my child. I understand that generic equivalent medications will be used in place of more expensive brand-name item.

<b>Headache/Fever/Ear ache/Muscle Aches/Pain/Menstrual Cramps</b>	<b>Bites/Stings/Allergic Rashes</b>	<b>Sore Throat</b>
<input type="checkbox"/> Acetaminophen (like: Tylenol)	<input type="checkbox"/> Anti-Itch Lotion (like: Calamine)	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Ibuprofen (like: Advil)	<input type="checkbox"/> Anti-Itching Cream (like: 1% Hydrocortisone)	
<b>Upset Stomach</b>	<b>Mild Allergic Reaction</b>	<b>Coughs</b>
<input type="checkbox"/> Antacid (like: Tums or Maalox)	<input type="checkbox"/> Diphenhydramine (like: Benadryl)	<input type="checkbox"/> Cough Drops

Please check any medication you wish to be made available to your child:

I understand that the medications I have checked will be administered by the Camp Director at Meyer's Tails Up Farm in accordance with their established protocols.

I do **NOT** want any medication given to my child at Kids & K-9 Camp at Meyer's Tails Up Farm.

Printed Name of Parent/Guardian \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Work/Emergency Phone \_\_\_\_\_