



OUR LADY OF SORROWS
PRE-K - 8
CATHOLIC ELEMENTARY SCHOOL

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Our Lady of Sorrows-Saint Anthony Parish, Hamilton, NJ

2018 SUMMER CAMP MEDICAL INFORMATION

CHILD'S NAME: _____ GRADE: _____

1. Is your child presently under the care of a physician for any reason? Yes ____ No ____
If yes, please explain _____

2. Has your child had any injury involving:

	YES	NO
a. Loss of Consciousness	_____	_____
b. Broken Bone	_____	_____
c. Dislocation	_____	_____
d. Significant Sprain	_____	_____
e. Trauma to any area	_____	_____

If yes, please give date and reason for injury _____

3. Has your child had any recent surgery? Yes ____ No ____

If yes, please explain _____

4. Does your child wear? Contact Lenses _____ Glasses _____

5. Does your child have any known allergies? Yes ____ No ____

If yes, please explain _____

6. Is your child taking any medication at present? Yes ____ No ____

If yes, what medication and for what reason? _____
