McKENDREE METROREC PLEX

205 Rec Plex Dr. | O'Fallon, IL 62269
Tel: 618.589.3800 | MetroRecPlex.com

PLEXKIDS

Summer Camp

Health Report & History

List all known medical conditions of camper, including food allergies: _____

_____

List any over the counter/prescription drugs taken regularly by camper: _____

_____

Will any of the above medicines need to be administered during camp hours? ☐ YES* ☐ NO
**Any prescriptions that are required to be administered during camp hours will need to be listed on the medicine authorization form.*

I certify that my child has received and is current on their immunization. ☐ YES ☐ NO

Check any that may apply:

Does your child have an individual Education Plan (IEP)? ☐ YES* ☐ NO

Does your child have a Behavior Management Plan? ☐ YES* ☐ NO

Does your child have a 504 Student Accommodation Form? ☐ YES* ☐ NO

**A copy of a current IEP/BMP/504 Student Accommodation Plan must be submitted to plexkids@metrorecplex.com*

Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.

Check any that your child has been diagnosed with:

☐ ADD	☐ ADHD	☐ DD	☐ ID
☐ ED	☐ ODD	☐ OCD	☐ Autism
☐Aspergers	☐ Cerebral Palsy	☐ Down Syndrome	☐ Chronic Heath Condition

☐ Other: _____

AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury. I certify that all the information provided is complete & correct to the best of my knowledge and recognize failure to disclose, falsification or deliberate omission of my information will result in termination of services.

Signature of Parent/Guardian: _____ Date: _____

Other Notes: