

## Eagle Wing Adventure Camp Individual Needs Form

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

MEDICATION	
Medication	
When/Why Needed	
Dosage	
Special Instructions	
Contact Parent First? (no mandatory for anaphylaxis)	
Contact Doctor First? (no mandatory for anaphylaxis)	
Permission to administer if neither can be reached?	

ALLERGIES		
Allergies:		
Does your child use an Epi-Pen? Y    N	Would you prefer his/her group to carry the Epi-pen?  Y    N	Symptoms:
Special Instructions:		

BEHAVIOURAL PROBLEMS	
Problem:	Tips:

CONTRACT WORKER (one on one)	
Name:	Organization:
Background information of child:	