

# IONIAN VILLAGE 2012

## MEDICAL CHANGE FORM

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PARENTS: This form is to be completed prior to departure and must be carried with your child while traveling to Ionian Village. This form helps inform our Medical Staff of any changes to your child's completed Health History Form.

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Camper Name: \_\_\_\_\_

Session: \_\_\_\_\_

Has your child terminated any medications previously listed on the Health History Form, or started any new medications that will need to be administered during camp?

- Yes  
 No

Please list medications:

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Has your child had any injuries, illnesses, bites or allergic reactions since the Health History Form was completed?

- Yes  
 No

Please explain:

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Please explain any other changes to the original Health History Form that you feel our Medical Staff will find helpful in tending to your child.

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