

EIU Art Camp 2026
Camper Medical Information

STUDENT/FAMILY INFORMATION

Camper Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age on 7/13/25: _____

Responsible Billing Party:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone: _____ Secondary Telephone: _____

Emergency Contact:

Last Name: _____ First Name: _____

Relationship: _____ Telephone: _____

CAMPER MEDICAL HISTORY

Please select all that apply.

Camper has a **life-threatening** allergy or medical condition.

Safety plan required. Expect a follow-up email from the Art Camp Director.

Camper has a **significant** allergy or medical condition that will likely impact camp life.

Camper has a **minor** allergy or medical condition you would like to disclose.

Life-Threatening Allergy or Medical Condition:

- * A safety plan is required for campers with a life-threatening allergy or medical condition. Please respond quickly to our follow-up email, so we can share the safety plan with staff and faculty before camp begins.

Camper has a life-threatening allergy or allergies.

Camper has a life-threatening medical condition or conditions.

Life-threatening allergy:

Please briefly describe life-threatening allergy or allergies: _____

Camper will react to allergen(s) if in the air.

Signs of SEVERE allergic reaction: _____

What to do if camper has a SEVERE allergic reaction: _____

Life-threatening medical condition:

Please briefly describe life-threatening medical condition or conditions: _____

Signs and/or symptoms of medical condition(s): _____

Possible triggers of medical condition(s): _____

Camper requires medication for medical condition. (Medication details are asked in later section.)

Additional treatment for condition(s) other than medication: _____

Significant Allergy or Medical Condition:

- * Additional information may be required for campers with significant allergies or medical conditions. Please respond to all inquiries promptly to ensure the best care for your camper while at Art Camp.

Camper has a significant allergy or allergies.

Camper has a significant medical condition or conditions.

Significant allergy:

Please briefly describe significant allergy or allergies: _____

Camper will react to allergen(s) if in the air.

Signs of allergic reaction: _____

What to do if camper has allergic reaction: _____

Significant medical condition:

Please briefly describe significant medical condition or conditions: _____

Signs and/or symptoms of medical condition(s): _____

Possible triggers of medical condition(s): _____

Camper requires medication for medical condition. (Medication details are asked in later section.)

Additional treatment for condition(s) other than medication: _____

Minor Allergy or Medical Condition:

Camper has a minor allergy or allergies.

Camper has a minor medical condition or conditions.

Minor allergy:

Please briefly describe minor allergy or allergies: _____

Camper will react to allergen(s) if in the air.

Signs of allergic reaction: _____

What to do if camper has allergic reaction: _____

Minor medical condition:

Please briefly describe minor medical condition or conditions: _____

Signs and/or symptoms of medical condition(s): _____

Possible triggers of medical condition(s): _____

Camper requires medication for medical condition. (Medication details are asked in later section.)

Additional treatment for condition(s) other than medication: _____

CAMPER DIETARY RESTRICTIONS

Camper has dietary restrictions.

Camper requires a special meal and cannot eat from standard food service lines.

Camper does not require a special meal and can eat from the standard food service lines.

Please list dietary restrictions: _____

CAMPER MEDICATION INFORMATION

- * Please note, campers should not bring their own over-the-counter medications to camp. Common OTC meds will be available if needed and given with signed parental consent.
- * OTC medications recommended by a medical provider to be taken for specific medical condition(s) should be declared in the section below.
- * Medications that are classified as a controlled substance must be checked-in with camp nurse and are not eligible for camper self-carry/self-administration.

Camper will bring medication(s) to camp. (Please provide details below.)

Name of medication: _____

Prescriber's Name: _____ Prescriber's Phone Number: _____

Medication storage instructions: _____

Purpose of medication: _____

Medication frequency: _____ Medication dosage: _____

Time(s) of day/circumstances when medication is given: _____

Medication side effects: _____

Camper will bring additional medication(s) to camp. (Please provide details below.)

Name of medication: _____

Prescriber's Name: _____ Prescriber's Phone Number: _____

Medication storage instructions: _____

Purpose of medication: _____

Medication frequency: _____ Medication dosage: _____

Time(s) of day/circumstances when medication is given: _____

Medication side effects: _____

Camper will bring additional medication(s) to camp. (Please provide details below.)

Name of medication: _____

Prescriber's Name: _____ Prescriber's Phone Number: _____

Medication storage instructions: _____

Purpose of medication: _____

Medication frequency: _____ Medication dosage: _____

Time(s) of day/circumstances when medication is given: _____

Medication side effects: _____

Camper will bring additional medication(s) to camp. (Please provide details below.)

Name of medication: _____

Prescriber's Name: _____ Prescriber's Phone Number: _____

Medication storage instructions: _____

Purpose of medication: _____

Medication frequency: _____ Medication dosage: _____

Time(s) of day/circumstances when medication is given: _____

Medication side effects: _____

Camper will bring additional medication(s) to camp.

- * Please anticipate a follow-up email from the Camp Director to submit additional medication information for campers bringing more than four separate medications to camp.

CAMPER SELF-CARRY/SELF-ADMINISTER RELEASE

- * Medications that are classified as a controlled substance must be checked-in with camp nurse and are not eligible for camper self-carry/self-administration.

Camper is authorized to self-carry and self-administer medications.

I, _____, parent/guardian of _____, authorize Eastern Music Camp (EMC) to allow my child to self-carry and self-administer the following medication(s), without staff supervision while attending EMC.

Medications approved for self-carry and self-administration:

1. _____
2. _____
3. _____
4. _____
5. _____

By signing below, I acknowledge that neither EIU Art Camp nor its staff are to incur liability, except for willful and wanton conduct, as a result of any injury arising from the camper’s self-carry and self-administration of medication, regardless of whether authorization was given by the camper’s parents or guardians or by the camper’s physician, physician’s assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority, and that I indemnify and hold harmless EMC and its staff against any claims, except a claim based on willful and wanton conduct, arising out of the self-carry and self-administration of medication by the camper.

Parent/Guardian Signature

Date

STAFF ADMINISTRATION MEDICATION AGREEMENT

Camper is not authorized to self-carry and self-administer medications.

I, _____, parent/guardian of _____,
authorize EIU Art Camp and its staff to administer the following medication(s) while attending
EMC.

Medications approved for **staff administration**:

1. _____
2. _____
3. _____
4. _____
5. _____

By signing below, I agree that I am primarily responsible for administering medication to my child. However, while my child is in attendance at EIU Art Camp, I authorize EIU Art Camp and its staff, on my behalf, to administer or attempt to administer to my child (or allow my child to self-administer while under the supervision of EIU Art Camp staff), lawfully prescribed medication in the manner previously described. I acknowledge that it may be necessary for the administration of medications to my child be performed by an individual other than a registered nurse and specifically consent to such practices, and I agree to indemnify and hold harmless EIU Art Camp and its staff against any claims, except a claim based on willful and wanton conduct, arising out of the administration of the medication.

Parent/Guardian Signature

Date

EMERGENCY CARE AUTHORIZATION

I, _____, parent/guardian of _____, give permission to EIU Art Camp Staff to respond with emergency care in emergency situations, in accordance with their certification. Should an emergency situation arise that is beyond the scope of their training, authorization is given to EIU Art Camp Staff to utilize a local urgent care facility, or to contact Emergency Medical Services (EMS) as necessary.

Parent/Guardian Signature

Date

OVER-THE-COUNTER MEDICATION AUTHORIZATION

I hereby authorize EIU Art Camp staff to disburse over-the-counter medicines to my camper _____, as deemed necessary, with the exceptions noted below.

Camper can be given any over-the-counter medication deemed necessary, adherent to package instructions.

Camper cannot be given the following over-the-counter medications, but I do authorize other OTC medications to be given as deemed necessary.

- 1. _____
- 2. _____
- 3. _____

Camper cannot be given any over-the-counter medications.

Parent/Guardian Signature

Date