



Registration - Page 2 PLAST CAMP – CAMPER RECORD

Camper's Name: _____

<input type="checkbox"/> Novachka	<input type="checkbox"/> Novak
<input type="checkbox"/> Yunachka	<input type="checkbox"/> Yunak
<input type="checkbox"/> U-2	<input type="checkbox"/> Ptashatko

Guardian's Name: _____

1. ALLERGY INFORMATION: *If NO allergies please check box→ skip down to section 2.*

Allergies to Medications (e.g. penicillin, sulfa, etc.) **EPI Pen?** **Please check for yes**

Medicine: _____ Reaction: _____

Medicine: _____ Reaction: _____

Medicine: _____ Reaction: _____

Allergies to Foods (e.g. peanuts, fish, berries, etc.) **EPI Pen?** **Please check for yes**

Food Item: _____ Reaction: _____

Food Item: _____ Reaction: _____

Food Item: _____ Reaction: _____

Other Allergies (e.g. bees, poison ivy, latex, etc.) **EPI Pen?** **Please check for yes**

Item: _____ Reaction: _____

Item: _____ Reaction: _____

Item: _____ Reaction: _____

2. ACUTE/CHRONIC MEDICAL CONDITIONS: *If NONE please check box→ skip down section 3.*

Does applicant have any of the following: asthma diabetes enuresis epilepsy last seizure: _____

Does applicant have any behavioral problems? (i.e. ADD, ADHD, autism, autism spectrum, OCD) _____

Does applicant have any psychiatric problems? (i.e. anxiety, depression) _____

3. DIETARY RESTRICTIONS: *If NO dietary restrictions please check box→ skip down to section 4.*

ANY DIETARY RESTRICTIONS MUST BE RECORDED BY YOUR PHYSICIAN ON YOUR CHILD'S MEDICAL RECORD.
You MUST contact the campground's medical staff to discuss dietary restrictions to ensure that these needs can be accommodated.

Please check if your child is a vegetarian vegan

Medically necessary dietary needs (please explain):

4. UKRAINIAN LANGUAGE PROFICIENCY

The Plast camp program is conducted exclusively in the Ukrainian language. For the program's sake and for your child's safety and enjoyment, your child must understand/comprehend the Ukrainian language. If it is determined by camp staff and administration that your child does not have sufficient comprehension of the Ukrainian language, which enables them to understand oral instructions and participate in the camp program, your child may be sent home.

My child's Ukrainian language proficiency/comprehension and oral expression: fluent average other – please explain

By signing below, I certify that the above information is correct.

Guardian's Signature: _____

Date: _____