

**Parent/Guardian:** please complete, sign, and send this Health Update Form with your child to the CIMSS Student Workshop. **This form should be completed no earlier than 48 hours prior to your child's arrival to the University.**

**Participant:** please give this completed form to CampHealth at the time of program Check-In.

## UW-Madison CampHealth Health Update Form

**Participant's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Program:** \_\_\_\_\_

1. Are there any changes in your child's health since completing the CampDoc profile or in the last 14 days?

☐ No ☐ Yes

2. Has your child or anyone in your family **been sick or exposed to** any infections in the last 14 days? (Example: Covid-19, strep throat, measles, influenza)

☐ No ☐ Yes

3. Does your child currently have any rashes or open sores?

☐ No ☐ Yes

4. Are there any changes in your child's medications since completing the CampDoc profile?

☐ No ☐ Yes (If yes, please list changes and staff will update eMAR and sign).

Medication	Amount	How often	Staff Signature (CampDoc updated)

5. Does your child have any activity limits or recent injury?

☐ No ☐ Yes

6. Is there anything else that you feel may be important for us to know about your child's recent physical or mental health?

☐ No ☐ Yes

If Yes, describe here:

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**Information  
Provided by:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CampHealth Staff Signature**

\_\_\_\_\_  
**Date**

**Camp Staff use:** Health Staff (circle one): Checked-in to Camp or Sent to Nurse for: \_\_\_\_\_