



FIAO - II Centro 2026 Summer Camp

Medical & Wellness Questionnaire

Dear Parents and Guardians,

To help us provide the best care and support for your child during their time at FIAO II Centro Summer Camp, please complete the following questionnaire. Your responses will be shared only with staff members who need this information to ensure your child's safety and well-being.

Important Reminder:
 A current **physical exam** and **immunization record** must be submitted **BEFORE** the **first day of camp**. Please provide these documents directly to **Monique or Jaime** in the main office. These forms must be obtained from your child's pediatrician.

We look forward to a fun and safe summer with your child!

Warm regards,

FIAO II Centro Camp Staff

General Information

Participant's Name:	
Participant's Date of Birth:	
Pediatrician's Name:	
Pediatrician's Phone Number:	
Pediatrician's Office Address:	
Date of Last Physical Exam:	
Date of Last Tetanus Shot:	
Date of Last MMR Shot:	

Medical Information

1. Has your child received any **past** medical treatments? Yes No
 If yes, please list them:

2. Is your child **currently** taking any medications? Yes No
 If yes, please list all current medications (including those not taken at camp):

3. Will your child need to take prescription medication during camp hours? Yes No
 If yes, please notify our Administrative Staff and bring the medication on the first day of camp in a Ziplock bag labeled with your child's name. Please list below:



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Health & Behavior

4. Does your child have any diagnosed medical conditions? Yes No
If yes, please explain:

5. Does your child have any behavioral challenges or needs we should be aware of?
Yes No If yes, please describe so we can provide appropriate support:

6. Does your child have any physical limitations? Yes No
If yes, please explain:

Camp Activity Information

7. Has your child had any swimming experience? Yes No
If yes, please indicate their swim level (if known): _____

8. Has your child played basketball before? Yes No
If yes, please describe their experience level (e.g., beginner, intermediate): _____

Allergies & Emergency Information

9. Does your child have any medical allergies? Yes No
If yes, please list:

10. Does your child require an Epi-pen? Yes No
If yes, you must provide a labeled Epi-pen on the first day of camp, along with a **current prescription and doctor's note.**

11. Does your child have any food allergies? Yes No
If yes, please list:

Parent/Guardian Acknowledgement

I certify that the information provided is accurate and complete to the best of my knowledge. In the event of a medical emergency, I authorize FIAO Il Centro Summer Camp staff to provide necessary care for my child.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____



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Certification & Waiver

As the parent/guardian of a child attending the **FIAO Il Centro Community Center Summer Camp**, I acknowledge and agree to the following:

- I understand that participation in the camp involves physical activities, interactions with others, and shared spaces, all of which carry inherent risks, including but not limited to potential exposure to **COVID-19** and other illnesses.
- I fully release and hold harmless **FIAO Il Centro Community Center Summer Camp**, its staff, volunteers, and affiliates from all liability or claims resulting from illness, injury, or other medical situations, whether related or unrelated to COVID-19, that may occur during my child's participation in camp activities.
- I understand that it is my responsibility to ensure my child arrives at camp prepared with the proper attire and protective gear necessary for participation in physical activities (e.g., sneakers, swim caps, goggles, athletic clothing). If my child is unprepared, they **may not be permitted to participate in certain activities**.
- I agree to keep my child home if they are feeling unwell. Specifically:
 - Children with a fever must remain home until they are fever-free for at least **24 hours** without the use of medication or until cleared by a doctor.
 - If my child tests positive for **COVID-19**, they must stay home for at least **5 days** or follow current health guidelines before returning to camp.

Parent/Guardian Acknowledgement

By signing below, I confirm that I have read, understood, and agreed to the above terms.

Print Name: _____

Signature: _____

Date: _____

**THIS FORM MUST BE PRINTED, FILLED OUT, AND DROPPED OFF IN
PERSON TO IL CENTRO.**