

MEDICAL FORM – Please complete a separate form for each camper. Thank you.

CAMPER INFORMATION				
Camper Name	Home Phone	Date of Birth	Age at Camp	
Address	City	State	Zip	
PARENT INFORMATION				
Name of Mother		Work/Day Phone	Cell Phone	
Name of Father		Work/Day Phone	Cell Phone	
EMERGENCY CONTACT (Someone other than parents)				
Name		Work/Day Phone	Cell Phone	
INSURANCE INFORMATION				
Insured	Name of Company	Policy information		
HEALTH HISTORY (check all that apply)				
Allergies <input type="checkbox"/> Animals _____ <input type="checkbox"/> Food _____ <input type="checkbox"/> Hay Fever _____ <input type="checkbox"/> Insect Stings _____ <input type="checkbox"/> Medicine/Drugs _____ <input type="checkbox"/> Plants _____ <input type="checkbox"/> Pollen _____ <input type="checkbox"/> Other (specify) _____ _____		Chronic or Recurring Illness <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorder <input type="checkbox"/> Other (specify) _____ _____		Suggestion from Parents: My child has permission to take or use the following: <input type="checkbox"/> Tylenol/acetaminophen <input type="checkbox"/> Advil/Ibuprofen <input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Neosporin/Triple Antibiotic cream <input type="checkbox"/> Other _____ _____
ADDITIONAL INFORMATION				
Name of Doctor		Phone Number		
CURRENT MEDICATIONS				
Name	Dosage		Time of Day	
Name	Dosage		Time of Day	
Name	Dosage		Time of Day	
DIETARY INFORMATION (does not eat or is allergic to)				
<input type="checkbox"/> Milk	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Eggs		
<input type="checkbox"/> Other Dairy	<input type="checkbox"/> Wheat	<input type="checkbox"/> Other (specify):		
ACTIVITY RESTRICTIONS				
Explain any restrictions, e.g., what cannot be done, what adaptations or limitations are necessary. _____				

Parent/Guardian Signature

Date