

A separate Medical Form must be provided for each child.



Medical Form

Camper's full name: _____

Birthday: / /

Age: _____

Height: _____

Weight: _____

In case of injury or illness, we will first contact the parents. Please provide all numbers that apply. Please indicate which numbers we should call first.

Parent name: _____ Work: _____ Cell: _____ Home: _____

Parent name: _____ Work: _____ Cell: _____ Home: _____

If parents cannot be reached, we will try to reach these emergency contacts:

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

HEALTHCARE PROVIDER INFO

Name of physician: _____ Phone: _____

Medical Insurance: _____ Policy#: _____

ALLERGIES

My child is allergic to the following: Food: _____ Insect: _____ Latex: _____

Medication: _____ Other: _____ Epi-pen for: _____ **No known allergies**

Please describe reaction and preferred treatment. _____

PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL HEALTH

Does your child have any significant physical health concerns? _____

Please describe reaction and course of treatment. _____

Please list any restrictions or concerns regarding your child and camp activities. _____

Has your child been diagnosed with:

ADD/ADHD

Depression

Eating disorder

OCD

Anxiety

Other: _____

Please list any medications and dosage that your child takes regularly. _____

May your child be given: Tylenol? Yes No Tums? Yes No Benadryl? Yes No

Has your child had: Chicken Pox Measles Mumps German Measles

Date of last Tetanus shot: _____

Hepatitis B Vaccine: _____

MMR Vaccine: _____

I verify that _____ is up to date on all immunizations.

Physician's Signature: _____ Date: _____

In an extreme emergency, your child will be transported to the nearest hospital as determined by the camp administration. **I give authorized permission to carry out any first aid treatment deemed necessary for the well-being of my child.**

Parent's signature: _____

Date: _____