

# Medical Form

Camper's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Will camper have Birth Day during camp? (Circle One)    Yes    No

Current Age: \_\_\_\_\_

1. Please indicate with a check mark those contagious diseases which camper has had: Measles  
Mumps    Chicken Pox    Scarlet Fever    Polio    Other \_\_\_\_\_

2. Please list any physical disorder or **allergy** (including penicillin) that might keep camper from taking part in our camp program or that might affect his/her care: \_\_\_\_\_  
\_\_\_\_\_

3. Please list the date of the last immunizations for the following:  
Tetanus \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Number of shots \_\_\_\_\_    Number doses \_\_\_\_\_

4. Please indicate with a check mark any of the following conditions to which camper may be subject:

Asthma	Colds	Stomach Upsets
Appendicitis	Fainting	Constipation
Ear Trouble	Heart Trouble	Epileptic Seizures
Bed Wetting	Hernia	Sleep Walking
Bronchitis	Sore Throats	Other _____
Acute Poison Ivy	Sinusitis	

5. Please list below any information which you deem pertinent to your child's health:  
\_\_\_\_\_  
\_\_\_\_\_

6. Please list instructions for any medication that camper will have with him while he/she is at camp.  
\_\_\_\_\_  
\_\_\_\_\_

7. Name of your Hospitalization Carrier: \_\_\_\_\_

8. Policy or Group Number \_\_\_\_\_

9. In case of emergency please notify :  
\_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
or \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I understand that in case of injury, every effort will be made to contact the Parent or Guardian of the camper. If this is impossible, I permit the camp nurse to take whatever action she deems necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_