

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 _____/_____/_____