

## MEDICAL INFORMATION

CAMPER'S NAME: \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_

Please indicate with a check mark any of the following medical problems that may apply to the camper. If it is a current problem, please provide date of most recent occurrence. If past, please give approximate date.

Date of most recent Tetanus Shot \_\_\_\_\_

✓	MEDICAL PROBLEM	DATE	COMMENTS
	ASTHMA		
	CONVULSIONS		
	EPILEPSY		
	FAINTING		
	HEART TROUBLE		
	KIDNEY PROBLEMS		
	RHEUMATIC FEVER		
	SLEEP WALKING		
	SUGAR DIABETES		
	TUBERCULOSIS		
	SERIOUS IVY, OAK or SUMAC POISONING		
	RECENT OPERATIONS / ILLNESS		

**ALLERGIC REACTIONS:**  BEE/WASP STING  PENICILLIN  OTHER \_\_\_\_\_

**SPECIFIC ACTIVITIES TO BE RESTRICTED:** \_\_\_\_\_

**ALL MEDICATION MUST BE GIVEN TO THE NURSE UPON ARRIVAL**

1. ARE YOU PRESENTLY UNDER ANY MEDICAL CARE? \_\_\_\_\_

IF SO, DESCRIBE: \_\_\_\_\_

2. ARE YOU PRESENTLY TAKING MEDICATION? \_\_\_\_\_

PLEASE INDICATE ANY MEDICATION TAKEN BY THE CAMPER ON A REGULAR BASIS \_\_\_\_\_

3. PLEASE LIST BELOW ANY ADDITIONAL PROBLEMS (PHYSICAL OR EMOTIONAL) THAT YOU FEEL THE CAMP STAFF SHOULD BE AWARE OF. ALL INFORMATION ON THIS FORM IS CONSIDERED CONFIDENTIAL. \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**In the event of an accident, injury, sickness or any other medical emergency, I understand that reasonable effort will be made by the camp staff to contact me (the parent or guardian of this camper). If the camp administration is not able to contact me, I hereby give permission to the camp director or physician selected by the camp to secure proper treatment to hospitalize, order injection, anesthesia, or surgery for this camper.**

SIGNATURE OF THE CAMPER: \_\_\_\_\_

SIGNATURE OF THE PARENT/ GUARDIAN: \_\_\_\_\_