

NOTE: Campers will not be admitted to camp without this health form signed by a parent.

MEDICAL REPORT FOR CAMP CONCERN

(To be completed by parent or legal guardian)

Name _____ Home phone (____) _____ Date _____
Work phone (____) _____ Birthdate _____
Address _____ Cell phone (____) _____ Age _____ Sex _____
Zip _____ Family physician _____ Phone _____

Relative/friend to contact in emergency in absence of parent: _____ Phone _____

ALLERGIES: _____

Food Intolerances: _____

IMMUNIZATION RECORD (date of last received)

DPT _____
Polio _____
MMR _____
HIB _____
Hep B _____

DISEASES (list by dates)

Chicken pox _____
Scarlet fever _____

RECENT EXPOSURE TO CONTAGIOUS DISEASES

Specify: _____

Is camper currently under medical treatment? _____

Is camper currently taking any medication? _____

Please specify: _____

Please specify: _____

*All medications must be in a labeled pharmacy container with child's name, directions and a one-week supply.

Does this camper have any pre-existing health conditions?

Epilepsy _____	Kidney condition _____
Diabetes _____	Heart condition _____
Asthma _____	Ear infection _____
Bronchitis _____	Frequent sore throats _____
Skin rash _____	"Upset stomach" _____
Constipation _____	Bedwetting _____
Fainting _____	Sleepwalking _____
Dysmenorrhea _____	Behavioral problems _____

Medication 1:	_____
Schedule:	_____
Dosage:	_____
Medication 2:	_____
Schedule:	_____
Dosage:	_____

Any contraindications to:

Strenuous exercise? _____ Swimming? _____

<u>Insurance Information:</u>
Name of insured: _____
Hospitalization carrier: _____
Policy No. _____
Group No. _____
Agreement No. _____

PLEASE INITIAL PERMITTED OVER-THE-COUNTER MEDICATIONS:

Pepto-Bismal _____	Benadryl _____	Tylenol _____
Kaopectate _____	Robitussin _____	Ibuprofen _____
Rolaids _____	Cepacol _____	Other _____

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend Camp Concern's summer program. Camp Concern also has my permission to authorize treatment for my child by qualified medical personnel in case of sickness or injury.

Signature & title of camp personnel authorizing treatment in case of sickness or injury

Signature of parent or legal guardian