

**CAMPERS WILL NOT BE ADMITTED TO CAMP WITHOUT THIS HEALTH FORM SIGNED BY A PARENT.**

Please do not mail this form. Bring it with the camper to registration.

**MEDICAL REPORT FOR CAMP CONCERN**

(to be completed by parent or legal guardian)

Camper's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Please circle one: Senior/Secondary/Intermediate/Junior Week

**PLEASE INDICATE THE ORDER TO CONTACT IN CASE OF EMERGENCY (1), (2), (3), (4)**

( ) Home Phone \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ ( ) Work Phone \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

( ) Cell Phone \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ ( ) Cell phone \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Contact in absence of guardian: Name: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_ **FOOD INTOLERANCES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*If allergies will greatly affect food choices, please alert the director ASAP in order to notify kitchen staff, and also please strongly consider sending meals with the camper.\***

Is camper currently under medical treatment? \_\_\_\_\_ Please specify \_\_\_\_\_

Is camper currently taking any medication? \_\_\_\_\_ Please specify \_\_\_\_\_

**Medication 1**

Schedule \_\_\_\_\_

Dosage \_\_\_\_\_

**Medication 2**

Schedule \_\_\_\_\_

Dosage \_\_\_\_\_

**Medication 3**

Schedule \_\_\_\_\_

Dosage \_\_\_\_\_

**Medication 4**

Schedule \_\_\_\_\_

Dosage \_\_\_\_\_

(If more space is needed to list medications, please use an additional page.)

**Please complete reverse side!**

**PLEASE INITIAL PERMITTED OVER-THE-COUNTER MEDICATIONS:**

Pepto-Bismol	Benadryl	Tylenol
Kaopectate	Robitussin	Ibuprofen
Roloids	Cepacol	Other

**Does this camper have any pre-existing health conditions?**

<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney condition	Any adverse effects from: strenuous exercise? _____ swimming? _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart condition	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear Infection	
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Frequent sore throats	
<input type="checkbox"/> Skin rash	<input type="checkbox"/> "Upset stomach"	
<input type="checkbox"/> Constipation	<input type="checkbox"/> Bedwetting	
<input type="checkbox"/> Fainting	<input type="checkbox"/> Sleepwalking	
<input type="checkbox"/> Difficult Menstruation	<input type="checkbox"/> Behavioral problems	

**IMMUNIZATION RECORD** (date of last received)

DPT \_\_\_\_\_  
 Polio \_\_\_\_\_  
 MMR \_\_\_\_\_  
 HIB \_\_\_\_\_  
 Hep B \_\_\_\_\_

**DISEASES** (list by dates)

Chicken pox \_\_\_\_\_  
 Scarlet fever \_\_\_\_\_

**Insurance Information:**

Name of Insured: \_\_\_\_\_  
 Hospitalization Carrier: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_

**RECENT EXPOSURE TO**

**CONTAGIOUS DISEASE:**

(Please specify)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARENT OR GUARDIAN PERMISSION**

(camper name) \_\_\_\_\_ 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. I understand that some risk is inherent in camp activities, and I agree to release and hold harmless the Commonwealth of Pennsylvania from any liability arising from participation in camp activities.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Signature and title of camp personnel  
authorizing treatment in case of sickness or injury

Additionally, I hereby grant permission for (camper name) \_\_\_\_\_'s image/likeness to be used by Camp Concern in photograph or video form on the Camp Concern website or other promotional media, including print. If I object to my child's image/likeness being used, I understand that I must notify Camp Concern of this in writing. Forms for denying this consent will be made available to parents during Final Registration.

\_\_\_\_\_  
Signature of parent or legal guardian