



CAMPER HEALTH AND MEDICAL RECORD

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Place
current
camper
photo
here

UNIT _____ BUNK _____

CAMPER NAME _____	DOB _____
HOME ADDRESS _____	AGE _____ SEX _____
CITY / ZIP CODE _____	PHONE _____

DOCTOR'S NAME _____ PHONE _____ CHART # _____

EMERGENCY CALL INFORMATION (parent/spouse called first unless otherwise requested)

MOTHER/GUARDIAN _____ WORK PHONE _____
 _____ CELL PHONE _____

FATHER/GUARDIAN _____ WORK PHONE _____
 _____ CELL PHONE _____

Additional emergency names and phone numbers (three additional names required - neighbor, friends or relative)

1. NAME /RELATION _____ HOME PHONE _____
 WORK PHONE _____ CELL PHONE _____

2. NAME /RELATION _____ HOME PHONE _____
 WORK PHONE _____ CELL PHONE _____

3. NAME /RELATION _____ HOME PHONE _____
 WORK PHONE _____ CELL PHONE _____

EMERGENCY MEDICAL INFORMATION (to be completed by parent/guardian)

ALLERGY: (medicine, food, insect toxin, other) _____
Medication used for allergies _____
Allergy medication sent to camp: YES _____ NO _____

HISTORY OF: Asthma _____ Convulsions _____ Diabetes _____ High fevers _____

Other medical conditions

Explain _____
Any condition requiring medication _____
Medication for above _____
Medications brought to camp: YES _____ NO _____
Do you wear: glasses _____ contact lenses _____ braces _____ hearing aide _____

*If any medication is coming into camp, it must be accompanied by a note. The note should state the recipient's name, the medication name, amount to be given and time to be given. Prescription and "over the counter" medications **must** be in original, labeled bottles or containers. For prescription drugs, pharmacies will provide a duplicate empty bottle which is labeled and can be sent to camp with the medication. These rules apply to overnight and late stay medications as well as daily medications.

AUTHORIZATION

In the event my child requires emergency medical care (as determined by the "Y" administration) while he/she is under "Y" jurisdiction, I authorize the doctor(s) and hospital to which my child is brought to perform all necessary emergency procedures and render treatment including the administration of anesthesia as necessary. I understand that attempts will be made to contact parents/guardians (and the emergency numbers listed on this form as necessary) before initiating this authorization.

Date _____ Parent or Guardian _____