

Staff Medical Form

We no longer require a medical form to be filled out by an examining physician however we do need this form filled out and returned to us

Family Name _____ First Name _____
Sex _____ Age _____ Birthdate _____ Home tel # _____
Medicare # _____ exp date ____/____/____

Parent or Guardian's Name if under 18 _____
Home Tel # ____/____/____

Alternate Name and Number to contact if an emergency occurs
Name _____ Tel # ____/____/____
Relationship to family _____

Current Problems please fill in with Yes or No

Allergies:	Special situations:
Hay Fever _____	Ear Infections _____
Asthma _____	Sleep Patterns _____
Insect Stings _____	Convulsions/seizures _____
Penicillin _____	Diabetes _____
Other Drugs _____	Bedwetting _____
Food (Specify) _____	Behavior Problems _____
Other allergies _____	Other Problems _____

List any/all medication that your presently taking.

Any Physical handicap ? ____ Describe _____

Any Restricted activities? ____ Describe _____

Any Significant Medical History? _____

Health History:

Immunizations: MMR ____ Sabin ____ 2nd Measles ____ DPT ____ Meningitis ____

Are these up to date _____ Tetanus _____ Date last received _____

Parent's Authorization If Under 18

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted above. In the event I or my designated alternate, cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

I hereby also agree to leave all medication with the nurse at the infirmary and allow her/him to administer the above mentioned medication as per instructions.

Signature _____ Date _____