

**CAMPER MEDICAL FORM**

Camper's Name: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Family Doctor's Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_

**Parent or Guardian Please Complete the Following (please print)**

Is the camper immunized? (Please check)

Tetanus \_\_\_\_\_ Date: \_\_\_\_\_ Polio \_\_\_\_\_ Date: \_\_\_\_\_

MMR \_\_\_\_\_ Date: \_\_\_\_\_ Diphtheria \_\_\_\_\_ Date: \_\_\_\_\_

Allergies? Bee, wasp or hornet sting \_\_\_\_\_ Penicillin \_\_\_\_\_ Other drugs \_\_\_\_\_ Animals \_\_\_\_\_  
Foods (Please List)

\_\_\_\_\_

Carries ANA kit: yes \_\_\_ no \_\_\_ Carries Epipen: yes \_\_\_ no \_\_\_

Describe any physical or emotional characteristics that may be useful knowledge for the camp health care staff:

\_\_\_\_\_

Describe any treatments or special medications to be given at camp:

\_\_\_\_\_

\_\_\_\_\_

List any restrictions to camp activities:

\_\_\_\_\_

To the best of my knowledge this camper is in good health and able to participate in all camp activities. (Signed by parent or guardian)

\_\_\_\_\_

Does camper use medically prescribed earplugs? Yes \_\_\_ No \_\_\_

Is your child a bed wetter? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Does your child have any diagnosed learning disabilities (i.e. ADD/ADHD or Autism)?

Yes \_\_\_ No \_\_\_ If yes please describe the condition and we will try to accommodate it:

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*Send prescription drugs in a pharmacy container with the name of camper, medication, and dosage information clearly visible. These are to be given to camp nurse on arrival.*

Name of medication: \_\_\_\_\_

When administered: \_\_\_\_\_

**Allergies:**

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**Medical conditions:**

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Can camper have \_\_\_\_\_ Tylenol or \_\_\_\_\_ Motrin, if necessary?

As a parent or guardian, I hereby authorize the camp director(s) or nurse to secure medical services as may be deemed necessary for the health and safety of my child (ward).

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

Date \_\_\_\_\_

To the best of my knowledge, all the above information is correct.

Signature of parent or guardian:

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Date:

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