

Medical Information Form

This form should be filled out within 24 hours of arrival to camp.

This form is for ALL CAMPERS AND STAFF MEMBERS and is required for camp attendance.

Church City	Church Name	
Camper/Staff Name (First, Middle Initial, Last)		
Gender (Circle One) Male Female	Date of Birth (mm/dd/yy)	Age
Address	City, State, Zip	

Emergency Contact Information

If camper/staff under 18 years of age, Parent/Guardian (with whom the child resides)

Name:	Relationship:	
Cell Phone () —	Work Phone () —	Home Phone () —

If the camper/Staff Member does not have Health Insurance, please write "N/A" for "Insurance Provider."

Insurance Provider	Policy #	Group #
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Physician Name	Phone # () —
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May the Staff Member/child listed above be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, lice, insect bites, rash, or scrapes? Y N

List Exceptions:

Allergies (Please check all that apply and list treatment required.)	Mark whether or not the staff member/child may be given the following:																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Type</th> <th style="width: 30%;">Treatment</th> <th style="width: 10%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>Animal</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Food</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Insect Bites</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medicine/Drugs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plants</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pollen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hayfever</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type	Treatment		Yes	No	Animal					Food					Insect Bites					Medicine/Drugs					Plants					Pollen					Hayfever					Other					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Tylenol</td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Benadryl</td> <td></td> <td></td> </tr> <tr> <td>Ibuprofen</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Date of Last Tetanus</td> </tr> <tr> <td colspan="3">Date of Last Immunization</td> </tr> </table>	Tylenol			Benadryl			Ibuprofen			Date of Last Tetanus			Date of Last Immunization		
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BOTH SIDES OF FORM MUST BE COMPLETED & SIGNED

ALL MEDICATION MUST BE IN THEIR ORIGINAL CONTAINERS. Pills sent in plastic baggies that are not in their original container will not be given. Medication will not be given, if expired. All camper/staff medications and vitamins must be administered by the Camp Nurse in the Nurse's Station. Please complete this form within 24 hours of arrival at camp.

NO MEDICATION OR VITAMINS WILL BE ADMINISTERED UNLESS LISTED ON THIS SIGNED FORM.

Name of Medication	Dosage	Time to be Given	How Taken

Comments for Nurse:

MEDICAL RELEASE STATEMENT and Camp Policies and Procedures Agreement

Signature required for camp attendance.

For CAMPERS or STAFF MEMBERS UNDER THE AGE OF 18:

I, the parent/legal guardian of _____(camper's/staff member's name), authorize the camp first aid personnel to administer the medications listed above. I hereby authorize camp personnel to obtain medical care, if necessary. My signature authorizes emergency treatment in the event of illness/injury when I am not immediately available. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred. I also hereby authorize this document to be released to first responders and emergency personnel. I understand that any person with a fever, rash, pink eye, head lice, or other signs of illness will be sent home. I further understand that parents are responsible for their child's transportation in the event of an illness or injury. I also agree with and support the enforcement of the Camp Policies and Procedures.

Signature of Parent/Guardian _____ **Date** _____

For STAFF MEMBERS 18 yrs. or Older:

I, _____, authorize the camp first aid personnel to administer the medications listed above. I hereby authorize camp personnel to obtain medical care, if necessary. My signature authorizes emergency treatment in the event of illness/injury if I am unconscious or unable to consent to treatment. I understand, if necessary, I will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred. I also hereby authorize this document to be released to first responders and emergency personnel. I understand that any person with a fever, rash, pink eye, head lice, or other signs of illness will be sent home. I further understand that I am responsible for my own transportation in the event of an illness or injury. I also agree with and support the enforcement of the Camp Policies and Procedures.

Signature of Staff Member _____ **Date** _____