

# 2008 NEW LIFE CAMP MEDICAL FORM

COMPLETELY FILL OUT OR CHILD WILL NOT BE ACCEPTED  
(Part 1 of a two-page form)

HEALTH REPORT WHILE AT CAMP

(Parents, do not write here)

Assigned Cabin # \_\_\_\_\_

Medications brought \_\_\_\_\_

Reverse side for other info:

**Please Print Neatly!**

2008 Last Name: \_\_\_\_\_

First Name \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ sex M \_\_\_ F \_\_\_ Race \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade(fall of 2008) \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_

Parents' names \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have Medical insurance? \_\_\_\_yes \_\_\_\_no

Insurance Co. name \_\_\_\_\_ policy # \_\_\_\_\_

Health history:(circle and give dates for all that apply)

Frequent ear infections      Ear tubes      Convulsions(last date)

Heart defect/disease      Diabetes      Asthma

List any other disability or recurring illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies?(check one)    \_\_\_No known allergies    \_\_\_Yes, List \_\_\_\_\_

What type reaction? \_\_\_\_\_

Date of last Tetanus booster (or DTP) \_\_\_\_\_ (must have filled in)

Operations or serious injuries (dates) \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice? \_\_\_\_\_

\_\_\_\_\_

Dietary modifications? \_\_\_\_\_

Current medication(always bring with instructions in original container)

List here \_\_\_\_\_

Reason for medication \_\_\_\_\_

Doctor's name \_\_\_\_\_ ph# \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ reason \_\_\_\_\_

Name of dentist \_\_\_\_\_ ph.# \_\_\_\_\_

Name of orthodontist \_\_\_\_\_ ph# \_\_\_\_\_

My child may have swimmers ear prevention drops (these are alcohol/ vinegar) after swimming \_\_\_\_yes \_\_\_\_no

\*The following must be signed for attendance:\*

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I understand that neither the camp nor the insurance company will be responsible for medical treatment or liability resulting from physical conditions existing prior to my child's coming to camp. EMERGENCY AUTHORIZATION: I hereby give permission to the first aid personnel selected by the camp director to provide standard first aid care and administer over the counter medication, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order x-rays, routine tests, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

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

\*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance

# Emergency Contact Information

(Part 2 of a two-page health form)



Home phone \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Dad's Mobile phone \_\_\_\_\_ Dad's work phone \_\_\_\_\_

Mom's Mobile phone \_\_\_\_\_ Mom's work phone \_\_\_\_\_

Which phone do you suggest I call first?

In Case of Emergency,

A Second Contact \_\_\_\_\_ Relationship \_\_\_\_\_

at # \_\_\_\_\_ or # \_\_\_\_\_

Or Third Contact \_\_\_\_\_ Relationship \_\_\_\_\_

at # \_\_\_\_\_ or # \_\_\_\_\_

Dad's email \_\_\_\_\_

Mom's email \_\_\_\_\_ Camper email (optional) \_\_\_\_\_

Infirmery Use: