

Medical Information

Child's Name: _____ Date of Birth: _____

Address: _____

Legal Guardian Name and Phone: _____
(PRINT)

	Yes	No
Please list your child's physician. Is he/she currently being seen? Name: Phone: Address of Office:		
Please list your child's Dentist? Is he/she currently being seen? Name: Phone: Address of Office:		
Is there a hospital that your insurance mandates or a choice? Hospital Name, City:		
Does your child have any of the following?	Yes	No
Allergies? (i.e. food, medicine or other - please list)		
Asthma If yes, will he/she be bringing inhaler/medication to camp?		
Convulsions/Seizures		
Diabetes If yes, will he/she be bringing medication/insulin to camp?		
Dietary Restrictions (i.e. physician recommended, religious etc) Please list.		
Hearing Impairment		
Nosebleeds		
Physical Limitations Please list:		
Sun sensitivity - Camper to provide sunscreen.		
Wears Glasses/Contacts		
Any history of operations or serious illnesses? Additional information which may be helpful.		

In case of emergency, parent/legal guardian will be contacted immediately; if unable to reach, the next person listed on your Custody Authorization form will be contacted.

MEDICAL INSURANCE INFORMATION

Name of insurance Carrier: _____ Policy # _____ Group# _____

Policyholder's Name: _____ Relationship to Student _____

Signature Parent/Guardian

Date