

INSURANCE INFORMATION

Childs Name _____
Insurance Company _____ Policy # _____
Group # _____
Address _____
City _____ State _____ Zip _____

MEDICAL HISTORY

MY CHILD, named above:

1. Has a history of epilepsy: Yes _____ No _____
2. Has a history of diabetes: Yes _____ No _____
3. Is subject to one of the specified:
Ear infections _____ Sinus _____ Indigestion _____ Hives _____
Hay fever _____ Sore throat _____ Appendicitis _____ Asthma _____ Food allergies _____
Eye strain _____ Heart trouble _____ Poison oak _____ Allergic reaction to insect stings/bites _____
List allergies, if any:

4. Write any specific conditions, not covered above, which affect participation or treatment

5. Circle diseases your child has had:
Chicken pox diphtheria German measles mumps scarlet fever
Small pox typhoid whooping cough
6. Give year of immunization: Tetanus _____ Polio _____ TB _____
7. Is subject to penicillin or other drug reaction? _____ If yes, what drug? _____
8. Is your child under any special medical or dietary regime to be continued on an outing? _____

9. Does your child take any medications on a daily basis _____
10. Will they bring any medicine with them? Yes _____ No _____ Name of drug _____
*If yes please request an additional Medical Form to be filled out by your physician
11. Does your child have any behavioral problems that could distract camp activity? Yes _____ No _____
If yes please explain _____
12. Are there any other factors which would limit your child's full participation in activities? Yes _____ No _____
If yes, please explain _____

Have you attended our camp before? (circle) YES NO
How did you hear about our camp? _____

Parent Signature _____ Date _____