

# Mighty Mites Mini Camp 2012 - INSURANCE INFORMATION

Childs Name \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Group # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## MEDICAL HISTORY

### MY CHILD, named above: (Please Check All Answers)

1. Has a history of epilepsy: Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has a history of diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is subject to one of the specified:           None  
    Ear infections           Sinus           Indigestion           Hives           Sore throat  
    Hay fever           Eye strain           Appendicitis           Asthma           Food allergies  
    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. Check diseases your child has had:

Chicken pox	Diphtheria	German measles	Mumps
Small pox	Typhoid	Whooping cough	Scarlet fever

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? (check)           YES           NO

How did you hear about our camp? \_\_\_\_\_

Parent Signature \_\_\_\_\_           Date \_\_\_\_\_