

# 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 \_\_\_\_\_