

PERSONAL HEALTH AND MEDICAL SUMMARY

To be filled out by parent or guardian, as required. (Please Print)

IDENTIFICATION District _____ Unit # _____

Name _____ Date of birth _____ Age _____ Sex _____

If minor, name of parent or guardian _____

Telephone _____

Home address _____ City _____ State _____

Business address _____ City _____ State _____

IF THE PERSON NAMED ABOVE IS NOT AVAILABLE IN THE EVENT OF AN EMERGENCY, NOTIFY:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal Health/Accident Insurance Carrier _____ Policy No. _____

Medical information, past or present (please check all; explain all "yes" answers below)

Asthma Yes No Heart Disease Yes No Leukemia Yes No

ADHD Yes No High Blood Pressure Yes No Cancer Yes No

Convulsions Yes No Diabetes Yes No Hemophilia Yes No

Explanations _____

Allergies: Food Yes No Plants Yes No

Medicines Yes No Insect Bites Yes No

Explanations _____

Any reason to restrict full activity including swimming, long hike, strenuous physical games? Yes No

List any conditions limiting full participation (Physical or Emotional) _____

Any reason for medicines to be taken at camp? Yes No If child is ADHD please continue treatment while at camp.

List medicines, send ample supplies and directions for use _____

Any special equip. such as orthopedic or handicap devices, glasses or contacts, dentures? Yes No

What? _____

Immunizations:

Date of last Date of last Date of last inoculation

Tetanus _____ Polio _____ Mumps _____

Diphtheria _____ Pertussis _____ Measles _____

Rubella _____

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my son.

Date _____ Signature or parent of guardian _____