

MEDICAL INFORMATION

Camper's Name _____ Home Phone () _____

Name of Insurance Co. _____ Policy No. _____

Parent/Guardian _____ Cell () _____
Work Phone () _____

Emergency Contacts Name _____ Phone () _____

_____ Phone () _____

Physician _____ Phone () _____

List recent illness the camper has had: _____

Date of last TETANUS BOOSTER: _____

Other medical information we should know:

Allergies: to medication? Yes No - if yes, list name of med. _____

To food? Yes No - if yes, list foods _____

To environment? Yes No - if yes, list _____

List medications being taken:

Medication	Dosage	Frequency
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_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: ALL MEDICATIONS MUST HAVE PHARMACY LABEL ON BOTTLE WITH INSTRUCTIONS. ALL MEDICATIONS ARE TO BE TURNED IN TO THE CAMP NURSE AT REGISTRATION. THE NURSE WILL BE RESPONSIBLE TO SEE THAT THE CAMPER RECEIVES MEDICATION AS PRESCRIBED.