Youth Emergency/Medical Information Form

Camper Information:
Camper Name: First _____ M.I. Last _____

Home Address: Street Address _____ City _____ State Zip _____

County of Residence: _____ Home Phone (_____) _____

Birthdate: _____/_____/_____ Sex: _____ Age: _____

Emergency Contact Information:

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Parent/Guardian Name: _____ Relationship to Camper: _____

Home Address: Street Address _____ City _____ State Zip _____

Home Phone: ( ) _____ Cell Phone: ( ) _____ Work Phone: ( ) _____

Second Parent/Guardian or other Emergency Contact:

Parent/Guardian Name: _____ Relationship to Camper: _____

Home Address: Street Address _____ City _____ State Zip _____

Home Phone: ( ) _____ Cell Phone: ( ) _____ Work Phone: ( ) _____

Medical Insurance Information:

Insurance Company: _____ Insurance Company Phone: (_____) _____.

Policy Number: _____ Group Number: _____

Subscriber Name: _____ Birth Date: _____

Medications: **All prescription medicine must be in original containers.** *Medications need to be followed as instructed on the bottle, if there is a change, please attach a physician note. Please list all medications brought to camp:*

Name of Medication	Dosage	Times Given	Reason	Prescribing Physician

Last Name: _____ First Name: _____ Week: of camp: _____

Health History:
Primary Physician Name: _____ Phone Number: _____

Is the camper allergic to?

Bee Stings	☐ Yes	☐ No	Penicillin	☐ Yes	☐ No	Food (gluten, nuts, etc…)	☐ Yes	☐ No
Dairy	☐ Yes	☐ No	Poison Ivy/Oak	☐ Yes	☐ No	Other	☐ Yes	☐ No

Is the camper subject to?

Frequent Colds	☐ Yes	☐ No	Sinus Trouble	☐ Yes	☐ No	Kidney Trouble	☐ Yes	☐ No
Convulsions	☐ Yes	☐ No	Sleep Walking	☐ Yes	☐ No	Frequent Sore Throats	☐ Yes	☐ No
Upset Stomach	☐ Yes	☐ No	Constipation	☐ Yes	☐ No	Bed Wetting	☐ Yes	☐ No
Ear Trouble	☐ Yes	☐ No	Fainting	☐ Yes	☐ No	Other	☐ Yes	☐ No

Has the camper had?

Tuberculosis	☐ Yes	☐ No	Athletes Foot	☐ Yes	☐ No	Seasonal Allergies	☐ Yes	☐ No
Heart Trouble	☐ Yes	☐ No	ADD/ADHD	☐ Yes	☐ No	Hernia (Rupture)	☐ Yes	☐ No
Chicken Pox	☐ Yes	☐ No	Bronchitis	☐ Yes	☐ No	Rheumatic Fever	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Asthma	☐ Yes	☐ No	Eating Disorder	☐ Yes	☐ No

If you answered 'yes' to any of the above questions, please explain in the space below (an additional sheet may be attached for more room):

Has the camper had any operations or serious injuries? ☐ Yes ☐ No If 'yes', please comment:

Are there any restrictions of activity for medical reasons? ☐ Yes ☐ No If 'yes', please comment:

Are there any additional details or information regarding the camper's health that either the camp staff or an attending doctor should know?

Special Needs: If your child has any physical, emotional, behavioral, or cognitive special needs you must contact the Executive Director ASAP to discuss necessary arrangements.

PARENT/GUARDIAN AUTHORIZATION AND OVER-THE-COUNTER MEDICATIONS:

This health history is correct and accurately reflects the health status of the camper to which it pertains. The camper described has permission to participate in all camp activities except as noted by me on this form. I understand that the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form. When necessary or beneficial, the camp staff has permission to give the following medications (or their equivalent) to the camper. **Please check which items you don't want your camper given.**

☐ Acetaminophen (Tylenol)
☐ Ibuprofen (Advil, Motrin)
☐ Nasal Decongestant (Sudafed PE)
☐ Cough Drops/Cough Syrup
☐ Benadryl (for allergies)
☐ Antibiotic Cream
☐ Anti-Itch Cream
☐ Antacid Tabs

Signature: _____ Date: _____

Printed Name: _____ Relationship to Camper: _____

This form must be completed at least ***one month*** prior to the week the camper is registered for. Failure to properly complete and submit this form may result in the non-acceptance of the child/youth into the camp program. This form should be returned via USPS mail or scanned and emailed with signatures. **Please remember to include a copy of your insurance card. *Do not fax!***

Camp Dixie shall not be held responsible for medical expenses incurred by camper through accident or illness before, during, or after enrollment in the camp program. Complete insurance information must be provided by the guardian.