



Medical form

Name of Camper _____

Date of Birth ____ / ____ / ____

Age _____ Sex _____ Tel no. _____

Address _____

Emergency phone no: _____

A. Does your child suffer from one or more of the following conditions?

If so, please specify dates & details:

1. Asthma/Breathing problems _____

2. Heart condition/Heart defect _____

3. Seizures/Fainting/Loss of consciousness _____

4. Diabetes _____

5. Blood clotting problems/bleeding _____

6. Allergies:

* Sensitivity to any medications _____

* Food allergies/vegetarian _____

* Animal or insect allergies _____

7. Has your child undergone any kind of surgery? Please specify:

8. Hospitalization - has your child been hospitalized? Please specify:

9. Medication - Does your child take medication on a regular basis? If so, specify:

10. Childhood diseases: Please specify:

B. Medical Insurance

Name of attending physician _____ Telephone _____

Name of Insurance Carrier _____

Address _____

Phone no _____

C. To be filled out by the Physician:

I, hereby, declare that _____ (Name of Camper)

Passport No. _____

Is healthy and able to participate in all physical activities in summer camp, and that all the above information is correct.

Name of Doctor License no. _____

Signature and Stamp _____