

**MEDICAL HISTORY & TREATMENT RELEASE FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ M or F

Custodial Parent/Guardian phone (        ) \_\_\_\_\_

If not available in emergency, notify:

Contact 1 \_\_\_\_\_ at (        ) \_\_\_\_\_

Contact 2 \_\_\_\_\_ at (        ) \_\_\_\_\_

**\*INSURANCE INFORMATION:** Participant must be covered by family medical/hospital insurance. Please provide a copy of the insurance card, front and back.

Carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address \_\_\_\_\_

Name of insured & relationship to participant \_\_\_\_\_

Social Security # of Policy holder \_\_\_\_\_

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:**

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purpose; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

**IMPORTANT:** The following must be completed for attendance.

Does your child have any medical condition, past or present that we should know of? Y or N

If yes, explain \_\_\_\_\_

Is your child allergic to any medications, foods, insects, or other allergens? Y or N

If yes, explain \_\_\_\_\_

Does your child take any medications, either prescription or over the counter? Y or N?

If yes, please list medication and dosage, prescribing doctor, reason for taking and specific time to be taken each day.

Does your child have any restrictions? Y or N

If yes, please explain \_\_\_\_\_

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**Camper's Name** \_\_\_\_\_

**Name of family physician** \_\_\_\_\_

**Phone (\_\_\_\_\_)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person described has permission to engage in all camp activities except as noted.**

**Signed X** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Date Signed** \_\_\_\_\_