



Camp Karole Parent/Guardian's Medical Form 2012

This form MUST be completed prior to camp admission.

Name: _____ Birth Date: _____

Parent or Guardian: _____ Summer Phone: _____

Summer Address: _____ Cell phone: _____

If not available in an emergency, notify: ***Reminder summer phone will be used first, then cell, last would be your emergency contact numbers. Do NOT use your cell phone as an emergency contact, it must be someone else.**

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Local Doctor: _____ Phone: _____

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PARENTS/GUARDIAN MUST SIGN PRIOR TO CAMP ADMISSION PARENT / GUARDIAN'S AUTHORIZATION

This health history is correct and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Signature: _____

Relationship: _____ Date: _____

Health History*	Allergies	Illnesses*	Date
(Type of reaction & treatment – be specific)			
Bed Wetting _____	Hay Fever _____	Chicken Pox _____	
Ear infections _____	Poison Ivy _____	Measles _____	
Rheumatic Fever _____	Insect Stings _____	Mumps _____	
Convulsions _____	Penicillin _____	Asthma (details) _____	
Diabetes _____	Other drugs _____	Eczema _____	
Heart Murmur _____	Pollen _____	Operations _____	
Behavior Problems _____	Chronic or recurring illnesses _____		
Sleeping Problems _____	Serious Injuries _____		
Food allergies _____			

RESTRICTIONS – Dietary, Swimming, Activity – use back of this form

*Is your child currently receiving treatment from a psychiatrist or psychologist? Y _____ N _____

*PLEASE DESCRIBE IN DETAIL ALL POSITIVE RESPONSES.

This includes any Diet and/or swimming restrictions

Is there anything else regarding your child's healthcare of which we should be aware?

NOTE: ABSOLUTLY NO MEDICATION (INCLUDING TYLENOL) WILL BE DISPENSED WITHOUT WRITTEN DOCTOR'S ORDERS.