

HEALTH FORM and PERMISSIONS

Camper Name: _____ DOB: _____

Since there is no required examination, it is important that the parent/guardian fill this form out carefully and completely.

Health History

Camper's Physician: _____

Phone Number: _____

Allergies (please be specific):

Current medical/health/behavioral problems or issues:

Please provide any information that would help us better serve this camper on a separate piece of paper.

Date of last Tetanus: _____

Date of last physical exam by a physician or health professional: _____

Is camper a vegetarian? Yes No

(Vegetarian meals provided only for those who have checked "Yes.")

Medications (List any prescription or non-prescription medications camper will be bringing to camp. If camper is a diabetic, include insulin/oral hypoglycemic use.)

Name of Medicine

Dosage/amount

Frequency

Name of Medicine	Dosage/amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The information below is needed in case of an emergency & will be kept confidential. A photocopy of both sides of the camper's health insurance card is welcome.

Health Insurance Co: _____ Group/Policy#: _____

Responsible Party/Relationship: _____ DOB of party: _____

I hereby certify that I have answered these questions to the best of my knowledge and that the above named camper is in good physical condition, with no known health problems that would make it unsafe for her/him to engage in routine camping activities. I acknowledge that camping entails known and unanticipated risks which could result in injury, and that such risks cannot simply be eliminated without jeopardizing the essential qualities of the activity. I agree to assume all risks existing in these camping activities. If this camper may not fully participate in camping activities, these are the exceptions:

I give permission for the camp nurse or designated staff person to provide treatment if staff deem necessary from the camp's non-prescription First Aid supplies.

In case of emergency, I hereby give permission to the doctor/emergency room selected by Camp Mennoscah to secure proper treatment for my child and for my child to be transported in Camp-owned vehicles. I realize that Camp Mennoscah will attempt to contact me if an accident or illness occurs requiring medical treatment by a physician.

Signature of parent/legal guardian

Date form signed