

# MEDICAL INFORMATION CARD

## For Children, Youth, and Adults attending Camp

### CAMPER INFORMATION

Camper's Name \_\_\_\_\_ Gender:  Female  Male  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT INFORMATION

Parent/Legal Guardian: (both names please)

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Address \_\_\_\_\_  
 Family Physician Name \_\_\_\_\_ Dr.'s Office Phone \_\_\_\_\_  
 Family Dentist/Orthodontist \_\_\_\_\_ Dr.'s Office Phone \_\_\_\_\_

### INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?  Yes  No  
 If so, please indicate the carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \*\*\*Please **attach a photocopy** of the front and back of health insurance card. Be advised that Prude Ranch Summer Camp does not provide medical, accident, or illness insurance Coverage.

Please **attach a copy** of a physical from within the last 24 months. This physical does not have to be Prude Ranch specific. A copy of a school physical or a wellness exam is acceptable. Camper's medical history must be CURRENT and SO RECORDED on this form. Please **attach a copy** of the campers current shot record. (Completed medical forms are needed annually.)

### General Questions: (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
Had any recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had problems with joints (e.g., knees, ankles)?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had back problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever been hospitalized? .....	<input type="checkbox"/>	<input type="checkbox"/>	Have an orthodontic appliance being brought to camp? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had surgery? .....	<input type="checkbox"/>	<input type="checkbox"/>	Have any skin problems (e.g., itching, rash, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent headaches? .....	<input type="checkbox"/>	<input type="checkbox"/>	Have diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had a head injury? .....	<input type="checkbox"/>	<input type="checkbox"/>	Have asthma? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever been knocked unconscious? .....	<input type="checkbox"/>	<input type="checkbox"/>	Had mononucleosis in the past 12 months? .....	<input type="checkbox"/>	<input type="checkbox"/>
Wear glasses, contacts or protective eyewear? ....	<input type="checkbox"/>	<input type="checkbox"/>	Had problems with diarrhea/constipation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had frequent ear infections? .....	<input type="checkbox"/>	<input type="checkbox"/>	Have problems with sleepwalking? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever passed out during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	If female, have an abnormal menstrual history? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever been dizzy during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	Have a history of bed-wetting? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had seizures? .....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had an eating disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had chest pain during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had emotional difficulties for which professional help was sought? .....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had high blood pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>	Ever been diagnosed with a heart murmur? .....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers:

\_\_\_\_\_

Please list ALL known **ALLERGIES**.... Describe reaction and management of the reaction.  
**Medication, Food, or Other Allergies:** (include insect stings, hay fever, animal dander, etc.)

\_\_\_\_\_

### Medications Being Taken on a Routine Basis

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep medication in the **original packaging/bottle** that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. Please be advised that all medications will be kept in the infirmary.

For Office Use: Name \_\_\_\_\_

Cabin /Group \_\_\_\_\_

Session \_\_\_\_\_

Year \_\_\_\_\_

Med #1 _____	Dosage _____	Specific times taken each day _____
Reason for Taking _____		
Med #2 _____	Dosage _____	Specific times taken each day _____
Reason for Taking _____		
Med #3 _____	Dosage _____	Specific times taken each day _____
Reason for Taking _____		
Med #4 _____	Dosage _____	Specific times taken each day _____
Reason for Taking _____		
Identify any medications taken during the school year that participant does/may not take during the summer: _____		

Please check the following medications that may be administered to your camper. Please include any special instructions.

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol _____ | <input type="checkbox"/> Claritin _____               |
| <input type="checkbox"/> Motrin _____  | <input type="checkbox"/> Benadryl _____               |
| <input type="checkbox"/> Pepto _____   | <input type="checkbox"/> Cough Meds _____             |
| <input type="checkbox"/> Zyrtec _____  | <input type="checkbox"/> Dayquil (over 12 only) _____ |
| <input type="checkbox"/> Allegra _____ | <input type="checkbox"/> Nyquil (over 12 only) _____  |

Are there any restrictions on your camper? \_\_\_\_\_  
 Does your camper require any special supervision? \_\_\_\_\_

**Parent/Guardian Authorizations:** This health history is correct and complete as far as we know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, over the counter meds as listed above, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, injections, anesthesia, or surgery for me or my child named above.

**Signature of parents/guardian or adult attending camp**  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

A member of camp medical staff is on duty at all times to care for the medical needs of each camper. A very well equipped hospital is handy to camp.

Please be specific and thorough about camper's shots and/or medications. All medication which needs to be administered should be given to camp nurse, left in camp office with instructions, or given to camp personnel when camper is met at planes or buses. Make sure that medication is in marked bottle with pharmacy name and instructions for administration are documented.

**IMPORTANT:** This form must be completed prior to camp attendance. The medical form needs to be in the camp office no later than June 1st. If registration is completed after June 1st, then both registration and medical forms should be returned to the camp office at the same time.

**PLEASE NOTE:** We will need this form completed for each camper. The completed form must be on file by June 1st. Even though we may have similar forms from previous years, the State mandates that new ones are completed and kept on file for each current year. Make sure that all information is completed and both parents have signed the form. Campers will not be admitted without this form completed and signed.

<b>For Nurse Use</b>	Shot Records		<b>Throat</b>	WNL	Red/swollen	<b>Head Check</b>	Negative		<b>Notes</b>	
	Ins. Card			Exudate	Enlarged nodes		Adults	Eggs		
	Medications			Temp:			Treatment complete			