

Renbrook Summer Adventure
Camper Medical Form – Side One

Camper attending: Session I _____ Session II _____
Full Season _____ Trip _____

Side One to be completed by parents/guardians of minors or adult campers. Side Two to be completed by Physician. This form must be returned to the camp office no later than June 1, 2010.

Camper _____ Birth Date _____ Sex _____ Age _____
Last Name First Name M. Initial

Parent/Guardian _____

Home Address _____

City _____ State _____ Zip _____ Email _____

Daytime Phone Numbers:

Name	Home	Work	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

If not available in an emergency, notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Health History: (check and give approximate dates)

Frequent ear infections _____	Heart Defect/Disease _____	Allergies _____
Convulsions _____	Diabetes _____	Hay Fever _____ Penicillin _____
Bleeding/Clotting Disorders _____	Hypertension _____	Ivy Poisoning _____ Other Drugs _____
Mononucleosis _____	Asthma _____	Insect Stings _____ Nuts/Peanuts _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Specific activities to be limited by physician's advice _____

Current medications: send with instructions in original container _____
(Medication must be distributed by camp nurse)

Name of Physician _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Medical/Hospital Insurance Carrier _____

Policy or Group # _____

Authorization: All medicines with specific instructions can be dispensed from the infirmary and/or Trip Leader. The person named above has permission to engage in all activities; exceptions are noted by me and my physician.
Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or surgery for me/my child named above. If the camper is on a trip, this same permission is given to the leader of the trip.

Signature of Parent/Guardian:

_____ Date _____