For Office Use Name _____ Cabin /Group _____ Year _____ Session _____

MEDICAL INFORMATION CARD
For Children, Youth, and Adults attending Camp

CAMPER INFORMATION

Camper's Name _____ Gender: ☐Female ☐Male
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Age at camp _____ Session Date _____

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, indicate 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?……	☐	☐	Ever had problems with joints (e.g., knees, ankles)?…..	☐	☐
Have a chronic or recurring illness/condition?……	☐	☐	Ever had back problems? ……	☐	☐
Ever been hospitalized? ……..	☐	☐	Have an orthodontic appliance being brought to camp?.	☐	☐
Ever had surgery……..	☐	☐	Have any skin problems (e.g., itching, rash, acne)?…..	☐	☐
Have frequent headaches? ……..	☐	☐	Have diabetes? ……..	☐	☐
Ever had a head injury? ……..	☐	☐	Have asthma? ……..	☐	☐
Ever been knocked unconscious? ……..	☐	☐	Had mononucleosis in the past 12 months? ……	☐	☐
Wear glasses, contacts or protective eyewear? ….	☐	☐	Had problems with diarrhea/constipation? ……..	☐	☐
Ever had frequent ear infections? ……	☐	☐	Have problems with sleepwalking? ……	☐	☐
Ever passed out during or after exercise? ……	☐	☐	If female, have an abnormal menstrual history? ……	☐	☐
Ever been dizzy during or after exercise? ……	☐	☐	Have a history of bed-wetting? ……..	☐	☐
Ever had seizures? ……	☐	☐	Ever had an eating disorder? ……..	☐	☐
Ever had chest pain during or after exercise? …….	☐	☐	Ever had emotional difficulties for which professional help was sought? ……..	☐	☐
Ever had high blood pressure? ……	☐	☐	Ever been diagnosed with a heart murmur? ……..…	☐	☐

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.

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.

- Tylenol _____
- Motrin _____
- Pepto _____
- Zyrtec _____
- Allegra _____
- Claritin _____
- Benadryl _____
- Cough Meds _____
- Dayquil (over 12 only) _____
- 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.