

# MEDICAL HISTORY FORM

This form is to be filled out by the parent/guardian of the camper. This medical history **MUST** be completely filled out and returned with your child's registration.

<b>Camper's Name</b>	<b>Birth Date</b>	<b>Male</b>	<b>Female</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Mother/Guardian</b>	<b>Work/Cell #</b>		
<b>Father/Guardian</b>	<b>Work/Cell #</b>		
<b>Emergency Contact: Name</b>			

<b>Contact Number</b>	<b>Relationship to camper</b>
<b>Health History: (Check box if applicable and use line to explain)</b>	
Allergies (Please List)	Hyper/Hypotension
Asthma	Medications Taken
Bleeding/Clotting Disorder	Mononucleosis
Diabetes	Operations/Injuries
Dietary Restrictions	Physical Limitations
Disabilities/Chronic Illness	Psychiatric Treatment
Frequent Ear Infections	Seizure Disorders
Heart Defect/Disease	Other

Pertinent Family History:

Name of Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry family medical/hospital insurance?      Yes                  No

If yes, indicate carrier: \_\_\_\_\_ Policy or group number \_\_\_\_\_

**IMPORTANT: PARENT/GUARDIAN MUST SIGN**

I hereby give permission for camp medical staff to provide routine treatment to my child. I understand that I am responsible for my child's medical or medication needs and further agree that in an emergency and/or if I cannot be reached, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my child's health and safety. I authorize the University, its agents and employees, to place my child, at their discretion and without my further consent, in a hospital or in the care of a medical professional for medical services and treatment, and to arrange necessary related transportation for me and/or my child. I understand that I will be fully responsible for any fees and expenses for any service and/or treatment. This completed form may be photocopied for off-campus trips.

**X**

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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