

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.

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|------------------------|--------------------|--------------|---------------|
| Camper's Name | Birth Date | Male | Female |
| Home Address | City | State | ZIP |
| Mother/Guardian | Work/Cell # | | |
| Father/Guardian | Work/Cell # | | |

Emergency Contact: Name

Contact Number

Relationship to camper

Health History: (Check box if applicable and use line to explain)

- | | |
|------------------------------|-----------------------|
| 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

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|-------------------|------------------|-------------|
| Print Name | Signature | Date |
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