



# Medical Information Card



Camper's Name: \_\_\_\_\_

Session Dates: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Allergies:  No Known  Drug  Food  
 Enviromental (Bee, Wasp, Ants, Horses, Cats etc.)

Describe allergy and it's cause (ie. ingestion, touch or airborne) it's reaction (mild, severe or anaphylactic)

Has your camper ever been perscribed an: Inhaler Y/N EPI-Pen Y/N

### List all Medication Camper is Bringing

Medication	Dose	Times	Reason

All medication must be given to nurse at check-in, labled and in original container

### Camper Medical History:

Diabetes	YES	NO	Heart Problems	YES	NO
Seizures	YES	NO	Chronic Illness	YES	NO
Asthma	YES	NO	Recent Surgery	YES	NO
ADD/ADHD	YES	NO	Head Injury	YES	NO
Headaches	YES	NO	Skin Problems	YES	NO
Vision Impairment	YES	NO	Joint Problems	YES	NO
Physical Impairment	YES	NO	Diarrhea/Constipation	YES	NO
Dizziness after exercise	YES	NO	Emotional Difficultes	YES	NO
Bleeding/Clotting Disorder	YES	NO	Bed-wetting/Sleepwalking	YES	NO

Explain "Yes" answers:

The following over-the-couter medications may be admistered to your camper only if needed.

Tylenol	Claritin	Tums
Ibuprofen	Zyrtec	Cough Meds
Benadryl	Pepto	Cold/Flu Meds (over 12 only)

Immunizations:  Up-to-Date  Exempt  Uploaded Date of last DTaP: \_\_\_\_\_

Camper's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Legal Guardian Information**

First & Last Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

First & Last Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is the participant covered by family medical/hospital insurance? **Y/N**  Uploaded  
If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Be advised Prude Ranch Summer Camp does not provide medical, accident, or illness insurance coverage.

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 camp health officer is on duty at all times to give medication and render first aid to campers.  
A well equipped hospital is handy to camp if an urgent or emergent situation arises.

Please be specific and thorough about camper's history and medications. All medication to be administered should be given to camp nurse, or given to camp personnel when camper is met at planes or buses.  
All medication should be in original container labeled with name and instructions placed in a ziplock bag.

Please upload a copy of a physical from within the last 24 months, Insurance Card, & Immunizations Record

**\*\* Registration is not completed until all forms are complete and all documents uploaded \*\***