MEDICAL INFORMATION & RELEASE FORM

Both sides must be filled in by parent or guardian for participation in any camping event. **Bring to camp at the time of registration. The signature must be witnessed.**

Camp Alexander Mack
PO Box 158
Milford, IN 46542

Camper Information

Camper's Legal Name: ________________________ (Last) ________________________ (First) _____ (M. I.) Gender: M F

Call Me: __________________________ Birthdate: ______________ Primary Phone:(______)__________________

Address: ____

City: ____ State: ________ Zip:_____________

Insurance Carrier and Policy/Group #:____

Name of Insured: ____

Camper's Physician: ________________________________ Phone: (_____)____________________

Emergency Contacts

Parent/Guardian: ________________________________	Additional Emergency Contact: ________________________
Relationship to Camper:__________________________	Relationship to Camper:______________________________
Primary Phone:(_____) ___________________________	Primary Phone:(_____) ______________________________
Alt #1 Phone:(_____) _____________________________	Alt #1 Phone:(_____) _________________________________
Alt #2 Phone:(_____) _____________________________	Alt #2 Phone:(_____) _________________________________

General Health Information

If you answer yes below, please explain on a separate sheet of paper or in the comment section.
Date of the most recent medical exam: (we recommend having one each year) ____/____/____
Date of the most recent tetanus shot: ____/____/____

Has/does the participant:

	Y	N
1. Had any recent injury, illness or disease?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐
3. Ever been hospitalized?	☐	☐
4. Have frequent headaches?	☐	☐
5. Ever had a seizure?	☐	☐
6. Have diabetes?	☐	☐
7. Have asthma?	☐	☐
8. Ever had high blood pressure?	☐	☐
9. Had mononucleosis in the past 12 months?	☐	☐
10. Ever had frequent ear infections?	☐	☐
11. Have a bleeding/clotting disorder?	☐	☐
12. Ever been diagnosed with a heart defect/disease?	☐	☐
13. wear glasses, contacts, or protective eyewear?	☐	☐
14. Brought an orthodontic appliance to camp?	☐	☐
15. Have problems with sleepwalking	☐	☐
16. Have a history of bedwetting?	☐	☐
17. Ever had an eating disorder?	☐	☐
18. Ever been treated for emotional difficulties?	☐	☐
19. Any physical condition requiring restriction(s) on participation in the camp program? (describe) ____________________	☐	☐
20. **For girls only,** has she started menstruating?	☐	☐
If no, has she been told about menstruation?	☐	☐

All immunizations are up to date: ☐ Yes ☐ No
If the participant has not been immunized, a waiver/exemption can be secured from the camp and filed with this medical form.

If there is an outbreak of a communicable disease during a camp, parents of non-immunized campers will be asked to come and pick up their children to reduce the possibility of exposure to that disease.

Camper Name: ______________________________ Camp Attending ___________________

Dietary Information

	Y	N
The participant eats a regular, varied diet.	☐	☐
The participant is lactose intolerant	☐	☐
The participant is a vegetarian:	☐	☐ Other Dietary Needs ____________________________

Additional Comments

Anything else you would like our staff to know?
____
____
____

Allergies

Check all that apply:

☐ No known allergies ☐ Medication ☐ Insect Stings ☐ Food Allergies ☐ Other

If yes, please use the space below or an attached page to provide additional allergy information. Please include a description of and management for any reactions. ____
____

Medication

☐ My child will not be bringing any medication (prescription or non-prescription).

☐ My child will be bringing the following medication (prescription and non-prescription) **in its original container labeled with the child's name.** If bringing medication, please fill in the medication chart below.

All medication will be turned over to our camp health care provider to be administered. You will have an opportunity to talk with him/her on registration day. If you need more room please attach a sheet of paper.

Medication:	Dose:	Time:	Reason for taking medication

Parent/Guardian Authorization: The personal and medical information is correct and complete as far as I know. The person described has my permission to engage in all camp activities as noted.

I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays , routine tests, and treatment. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips out of camp.

Signature_____________________________________ **Print Name**______________________________ **Date**___/___/_____
Parent/Guardian if participant under age 18, or participant 18 or over

Witness Signature______________________________ **Print Name**______________________________ **Date**___/___/_____
Non-relative over age 17

No child will be admitted to camp without a completed AND witnessed Medical Form.

Please bring the completed form to registration.