

INTERN MEDICAL INFORMATION

ALL MEDICATION MUST BE IN ORIGINAL CONTAINER

LAST NAME:

Describe any current medical problem of Camper _____

List ALL medications currently needed _____

Indicate When & How Much _____

List any allergies to medication _____

Do you give permission for the camp nurse to administer to your child over-the-counter medications for common symptoms and minor injuries such as, but not limited to, Tylenol, Advil, Pepto Bismal, Antibiotic Cream, etc.? Yes ___ No ___

Date of Last Immunization: Tetanus ___/___/___ DPT ___/___/___

Doctor's Name _____ Phone _____

Address _____ City _____ State ___ Zip _____

Insurance Company _____

Insurance Card # _____ Insurance Policy # _____

FIRST:

(ATTACH A PHOTO COPY OF THE FRONT & BACK OF INSURANCE CARD)

HEALTH HISTORY

Has he/she ever had:	Yes	No	Is he/she subject to:	Yes	No
An attack of appendicitis	_____	_____	Sinus Trouble	_____	_____
Asthma or hay fever	_____	_____	Fainting Spells	_____	_____
Hernia (rupture)	_____	_____	Ear Trouble	_____	_____
Rheumatic Fever	_____	_____	Convulsions	_____	_____
Diabetes	_____	_____	Poison ivy, oak, or sumac	_____	_____
Does he/she take insulin?	_____	_____	Reaction to penicillin	_____	_____
Poliomyelitis	_____	_____	Nervousness or easily upset	_____	_____
Heart Trouble	_____	_____	Allergy to aspirin	_____	_____
Severe Allergies	_____	_____	Bed Wetting	_____	_____
Scarlet Fever	_____	_____	Is he/she under medical care requiring medication?	_____	_____
Significant disease, injury or Operation	_____	_____	Is his/her activity restricted due to medical reasons?	_____	_____

If the answer is "yes" to any of the above, please explain: _____

