

Medical History Form

~Confidential~

Child's Name: _____

Last, First

Insurance carrier: _____ Policy #: _____

Family Doctor: _____

Does your child have any allergies, physical or emotional conditions, speech difficulties, etc.?

Do the above require any special handling? _____ If so, please contact the camp director.

Current Medications: _____ Daily: _____ Time: _____ DSG: _____

For what condition? _____

NOTE: All medication must be administered by a parent or guardian.

Local Person to call in case of emergency (other than parents):

Name: _____ Telephone #: _____

Address: _____

Street, City, State, Zip

Relationship to Child: _____

State law requires that a record of immunization be on file for each child. You are required to submit such information with this application. No child is admitted without current immunization records.

I, _____, give permission for my child, _____,

To receive emergency medical treatment in the event of injury while attending Camp Callabar. I take full responsibility for any consequences of this medical treatment.

Parent's signature: _____ Date: _____
