

Camp Swampy Medical Information Form

Name of Camper _____ Sex: Male / Female

Date of Birth (MM/DD/YYYY) _____

Parents Name _____ Clinic _____

Name & phone # of family physician _____

Medical Insurance Carrier _____

Insurance Group or Policy # _____

Check any of the following that apply to this camper:

- | | | |
|--|--|---|
| <input type="checkbox"/> Appendix Removed | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Sore Throats | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Measles/Mumps | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Frequent Ear Infections | | |

Has the camper been exposed to any communicable disease, including tuberculosis? If so, state the disease.

Has the Camper been immunized for Tetanus? If so, please give dates: _____

Does this camp have any allergies to medications, food, plants, insects, etc.? Yes No

If yes, please explain and list allergies:

Other pertinent health problems or concerns:

Are there any health problems that would make it difficult for your child to participate in physical activities while at camp? Yes No

If yes, please explain: _____

Please list any **medications** necessary and **instructions** for administering them:

