

**Medical and Emergency Care Information**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of Parent(S) or Guardian \_\_\_\_\_

Best Phone # \_\_\_\_\_ Alternative # \_\_\_\_\_

**If parent(s) or guardian cannot be reached, in case of emergency call:**

Responsible Adult \_\_\_\_\_ Day phone \_\_\_\_\_

**Please list any adults that will be picking your child up from camp:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Any known allergies? Please specify: \_\_\_\_\_

2. On any medication for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, we cannot administer any drug or medication without specific written instructions from the physician or the parent/guardian.

Please list medications: \_\_\_\_\_

3. Previous hospitalizations? Yes \_\_\_\_\_ No \_\_\_\_\_ Why? \_\_\_\_\_

4. Any physical handicaps? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

5. Is the child under the care of a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

6. Name of physician: \_\_\_\_\_ Phone \_\_\_\_\_

7. Hospital preference: \_\_\_\_\_

Permission is given for the director, teacher or counselor to determine whether a situation requires (1) simple first aid, (2) advice from the designated physician or (3) immediate transport to a medical facility. Permission is given for the director, teacher or counselor to transport the child to the designated hospital or nearest medical facility.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date