

**Deep South Camp Medical Information Form \_\_\_\_\_ (Year)**

**\*\*Must accompany each camper\*\***

Camper's Name		Date of Birth	
Address		City/State/Zip	
Emergency Contact		Phone #	
Physician		Phone #	

**Parent /Guardian must fill out and sign this form**

**Date Camper was last immunized against:**

Immunization	Date	Immunization	Date
Rubella/MMR		Chicken pox/Varicella	
Tetanus Toxoid/DTAP/DTP		TB -PPD	
Diphtheria/DPT/DTAP		Polio	

Does the camper wear eyeglasses? \_\_\_\_\_

Is the camper under a doctor's care for any illness? (Specify) \_\_\_\_\_

What medication, if any, is the camper now taking? \_\_\_\_\_

Will the medication be sent to camp? Yes \_\_\_ No \_\_\_

**\*\*\*PLEASE DO NOT SEND MEDICATIONS OTHER THAN THOSE ORDERED BY YOUR DOCTOR. ALL MEDICATIONS SENT WITH A CAMPER MUST BE ACCOMPANIED BY YOUR DOCTORS' SIGNATURE OR WRITTEN ORDERS INDICATING DOSAGE AND FREQUENCY.\*\*\***

The camp staff will dispense any and all medications.

**Is Camper allergic to?**

Bee or insect bites \_\_\_\_\_ Poison Ivy, Sumac, or Oak \_\_\_\_\_ Penicillin \_\_\_\_\_

Other Medications (specify) \_\_\_\_\_

Are there any dietary restrictions? (Specify) \_\_\_\_\_

Is Camper physically permitted to swim? \_\_\_\_\_

Explain any physical limitation. \_\_\_\_\_

**Has the camper had: Please check any that apply.**

\_\_\_\_\_ Convulsion or fainting spells

\_\_\_\_\_ Sleepwalker

\_\_\_\_\_ Rheumatic fever

\_\_\_\_\_ Asthma or wheezing

\_\_\_\_\_ Bladder or kidney trouble

\_\_\_\_\_ Heart trouble (Specify) \_\_\_\_\_

\_\_\_\_\_ Serious illness (Specify) \_\_\_\_\_

\_\_\_\_\_ Operation recently (Specify) \_\_\_\_\_

**On a separate sheet of paper please list any important information not included on the form.**

**Emergency Treatment Authorization**

In case of an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, medications, anesthesia, or surgery for my child as named above.

Signed Parent/Guardian \_\_\_\_\_ Dated \_\_\_\_\_