

Medical Information:

Do you carry medical insurance? yes Carrier _____ Policy # _____
 no Group # _____

Immunizations: Are immunizations up-to-date? Yes No

Was the last tetanus within the last 5 years? 10 years?

a. General Health: _____

b. Limitations: _____

c. Special Diet: _____

Reason: _____

If needed attach sample menu or special food list.

d. Allergies: _____

e. Medications which will be brought to camp:

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

f. Was the camper's last physical within 2 years of camp date? yes no

g. Doctor's Name: _____

Office Phone: (_____) _____ Home Phone: (_____) _____

h. Orthodontist's Name (if camper has braces or retainers): _____

Office Phone: (_____) _____ Home Phone: (_____) _____

Authorization for treatment and release of medical information:

The following is a complete list of oral over-the-counter medications available at Marannook to treat temporary discomforts that might occur. Please circle any medication you do NOT want given to your child during their stay at camp.

Benadryl: elixir and tablets	Pepto bismol	Gas-X tablets	Antibiotic ointment
Dimetap elixir	Tums	Halls Cough Drops	
Sudafed tablets	Emetrol	Docusate sodium	
Chlortrimeton	Imodium AD	Ibuprofen: elixir and tablets	
Robitussin DM	Tylenol: chewable, elixir, Junior/Regular/Extra Strength	Hydrocortisone 1% cream	
Claritin	tablets	Alcohol in ear after swimming	

Please note: medications are given only if appropriate for the child's age, and dosages are based upon the child's age and weight.

I hereby authorize the administration of any of the above medications, with the exception of those circled, to my child as deemed appropriate and necessary by the Marannook medical staff.

In the event of any emergency, I authorize camp officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my camper's immediate care and agree that I will be responsible for payment of any medical services rendered.

I also authorize the release of any personal or health information from Marannook to its employees or outside medical personnel, as they deem necessary to insure complete and quality medical care for my camper or myself.

Campers Full Name

Date of Birth

Parent/ Guardian Signature

Date