



CAMPER MEDICAL INFORMATION

Please fill in ALL information below.

Camper's Full Name: Last _____ First _____ M.I. _____

Date of Birth: _____ Height: _____ ft _____ in. Weight: _____ lbs.

Has the camper experienced any illness or injury during the past 2 months? Yes No

If Yes, please describe such illness or injury in detail. _____

Does the camper have any other health or medical problem, which the staff at camp needs to be aware of? Yes No

If Yes, please explain in detail. _____

Will the camper be regularly taking any medication during camp? Yes No

If yes, please list the medication and explain briefly why the camper takes such medication?

| Medication Name | Dosage | Reason for Medication | Time of Administration | Special Instructions |
|-----------------|--------|-----------------------|------------------------|----------------------|
| | | | | |
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Please note that if the camper is taking any prescription medication, you MUST send the original prescription container to camp so that the Camp Nurse will have the exact dosage to be given. ALL medication will be given by the Camp Nurse or an Adult Sponsor. Any Medication sent without the original prescription container will NOT be given, unless written instructions from a medical doctor are provided.

Is the camper allergic to any medicines? Yes No If **yes**, please fill in chart below.

| Medication Name | Reaction to Medicine | Is this a serious medical condition? |
|-----------------|----------------------|--------------------------------------|
| | | Yes or No |
| | | Yes or No |
| | | Yes or No |

Is the camper allergic to any foods? Yes No If **yes**, please fill in chart below.

| Name of Food | Reaction to Food | Is this a serious medical condition? |
|--------------|------------------|--------------------------------------|
| | | Yes or No |
| | | Yes or No |
| | | Yes or No |

(Be sure and complete back page)

Does the camper have any other allergies, of which the camp staff should be aware? Yes No

If yes, please explain in detail. _____

Date of last tetanus shot? _____. (If the camper has not received a tetanus shot in the last 5 years, a tetanus booster shot is recommended.)

Is there any reason why the camper would not be able to swim at a public swimming pool? If so, please state reason. _____

Do you give this child permission to swim? Yes No

If the camper is not a good swimmer, the parent(s) or guardian(s) should send a life preserver with the camper.)

Is the camper unusually sensitive to sunlight (sunburns easily)? Yes No If so, please send sunscreen with the camper.

Is the camper unusually sensitive to insect bites or stings? Yes No Is medication needed for these bites or stings? Yes No If so, please send with camper for nurse to administer.

Is the camper unusually sensitive to poison ivy or poison oak? Yes No If so, please send appropriate medication to treat for nurse to administer.

***NOTE: Although this insurance form also appears on the Camper's Application, please complete and sign this form attached to the Camper Medical form as well.**

HEALTH INSURANCE

For the protection of your child, a Camper Accident/Sickness Insurance policy is maintained for them during their stay at Camp Lela. This Camper policy provides for medical expenses up to the maximum of \$2,500 for charges incurred, including: physician's fee's, hospital confinement costs, surgical fees, X-Rays, prescriptions and nurse fees. This is "first dollar" coverage up to the maximum of the policy. Should charges exceed the limits of this policy, you will need to make arrangements with the health care provider to cover those expenses.

Yes, I understand this coverage.

Yes, I have health insurance coverage for this child.

Child's Healthcare Provider: _____ Policy #: _____

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN
DAYTIME PHONE NUMBER

PARENT/GUARDIAN
EVENING PHONE NUMBER

In case of an emergency, I grant permission to the Physician and Nurse selected by the Camp Director to render proper treatment to my child. Please Initial _____