

Confidential Medical Camp Form Rev. 04072021

One form per person (Must have a copy of this for every boy and leader when you register at event/camp.)

Please print Today's Date: _____

NOTIFY IN AN EMERGENCY:

Camper Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: () _____ Emergency Phone :() _____

Date of Birth: _____ Relationship: _____

Grade: _____ Ranger Outpost #: _____ Parent Email Address: _____

Church Name: _____ City: _____ State: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy/Group #: _____

Have you ever been treated for any of the following? **If yes, check the box.**

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Bowel Problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other _____ |

Is the camper have any allergies? If Yes, explain. _____

Is the camper presently being treated for injury or sickness? _____

Are there any special medical instructions? _____

Please list medication, foods or environmental conditions that the camper is allergic to and expected reactions?

Does the camper have physical handicaps, disorders, or physical limitations that we should know about? If so, please explain.

List all medications to be administered at camp: _____

Date of last Tetanus booster _____