

CAMP SENECA LAKE: PHYSICAL EXAMINATION

PARENT'S FORM

Please attach a copy of your medical insurance card to this form.

Developed and approved by
American Camping Association and American Academy of Pediatrics



Name Birth Date.....Age.....Male/Female (circle)
Last First Initial
Home Address.....Home Phone.....
number & street city state zip code
Mother's name.....Cell Phone.....
Father's name.....Cell Phone.....
Additional Emergency Contact: Name: Phone:

IN CASE OF A MEDICAL EMERGENCY, I understand that every effort will be made to contact parents/guardian of campers. In the event that I can not be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

Signature.....

Date.....

HEALTH HISTORY: to be completed by the parent (check and give approximate dates)

Frequent Colds.....	Kidney Trouble.....	Chicken Pox.....
Frequent Sore Throats.....	Bed Wetting.....	Measles.....
Sinusitis.....	Heart Trouble.....	German Measles.....
Abscessed Ears.....	Convulsions.....	Mumps.....
Bronchitis.....	Athlete's Foot.....	Poliomyelitis.....
Fainting.....	Sleep Walking.....	Whooping Cough.....
Stomach Upsets.....	Rheumatic Fever.....	
Constipation.....	Tuberculosis.....	
Serious Ivy, Oak or Sumac Poisoning.....	Diabetes.....	
Operations or Serious Injuries.....		

Allergic Reactions:

Penicillin No Yes Other Medications No Yes, if yes to what?..... Bee Sting No Yes

Details of above or any additional information.....
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Important: Please notify the camp if your child is exposed to any communicable disease during the 3 weeks prior to camp attendance.

Please list current medications that your child takes:

Medicine name and dose.....time taken.....
Medicine name and dose.....time taken.....
Medicine name and dose.....time taken.....
Medicine name and dose.....time taken.....

Please list any important medical history:
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ALL FORMS ARE DUE MAY 14th