



FAMILY MEDICAL INFORMATION

**This form must be completed for every family member (including camper) coming to camp.
Please make copies as necessary.**

Name: _____ **Birth Date:** ____/____/____ **Age:** _____

Are camper's immunization's up-to-date? ___ Yes ___ No Date of last Tetanus shot: ____/____/____

Can Camper take Tylenol: ___Yes ___ No Can Camper take Ibuprofen? ___Yes ___No

Has camper had any major illness or hospitalizations in the last year? ___ Yes ___ No If yes, please describe:

***If camper has been hospitalized within the last 3 months, a doctor's release is required to attend camp.**

List all drug and environmental allergies: _____

List all food allergies or dietary restrictions: _____

Please list any medical conditions, considerations, and/or limitations: _____

Please list all medications (prescribed and over the counter):

Name of Medication	Purpose of medication	Dosage	Times to be Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Consent for Medical Treatment

I hereby grant, in the event it is necessary, permission to the health care staff at Camp SMILE or consulting physicians to obtain laboratory tests, x-rays, administer routine and other medications and to provide any emergency or routine care required for _____.
This form may be photocopied for use outside of camp.

Signature of participant: _____ Date: _____

Signature of Parent/Guardian of minor: _____ Relationship to participant: _____

Insurance Information

Name of Insurance Company _____

Name of Insured: _____ Medicaid or Medicare # (if applicable) _____

Policy #: _____ Group #: _____ # _____

Family Doctor's Name: _____ Doctor's Office #: _____

Hospital Choice: _____