

Summer Fun 2010 Medical Form

(Please Return with Camp Registration)

Name: _____ Date of Birth: _____

Address: _____

Parents Name: _____

Phone Number: _____ Cell Number: _____

Emergency Contact: _____

Physician Name: _____ Phone: _____

Allergies: _____

Medical Conditions (Asthma, etc.): _____

Immunization Dates:

_____ Diphtheria _____ Haemophilus Type B _____ Varicella

_____ Hepatitis B _____ Measles _____ Mumps

_____ Polio _____ Rubella _____ Tetanus

Or

_____ Due to our families beliefs, we do not partake in immunizations.

Life Saving Medications

Please Check: _____ Inhaler _____ Epi-Pen

Due to the potential health risks, emergency medicines (epi-pen, inhaler) may be carried with the participant if the Health Care provider indicated this need in writing and considers the participate sufficiently responsible to self administer the medicine. All participants who are required to carry an epi-pen or inhaler must provide written documentation from the doctor prior to the start of the program. The medicine must be labeled with the child's and prescribing physicians name, be in its original packaging and with directions for use.

(Physicians Name)

(Physicians Signature)

(Date)

(Parent/Guardian Name)

(Parent/Guardian Name)

(Date)