



## MEDICAL FORM & RELEASE STATEMENT

Note : Registration Not Accepted Unless Medical Form is Complete

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street Address, City, State, Zip

GENDER \_\_\_\_\_ AGE AT CAMP \_\_\_\_\_ GRADE AT CAMP \_\_\_\_\_

### CONTACT INFORMATION IN CASE OF EMERGENCY

MOTHER'S NAME, HOME PHONE #, WORK PHONE #, MOBILE PHONE #  
\_\_\_\_\_

FATHER'S NAME, HOME PHONE #, WORK PHONE #, MOBILE PHONE #  
\_\_\_\_\_

EMERGENCY CONTACT NAME, HOME PHONE #, WORK PHONE #, MOBILE PHONE #  
\_\_\_\_\_

### INSURANCE INFORMATION

IS THE PARTICIPANT COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, INDICATE CARRIER OR PLAN NAME \_\_\_\_\_ GROUP # \_\_\_\_\_

A photocopy of the front and back of the health insurance card must be attached to this form.

NAME OF INSURANCE HOLDER  
\_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION

This health history is correct and complete. The person described in this form has permission to engage in all camp activities except as noted within. I hereby give permission to Lunch, Learn & Play, at the Salem Courthouse Community Center to provide, seek, and consent to routine health care and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Lunch, Learn & Play to

secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

**ALLERGIES**

\_\_\_\_\_ No known allergies \_\_\_\_\_ This camper is allergic to: \_\_\_\_\_ Food \_\_\_\_\_ Medicine \_\_\_\_\_ Environmental (insect stings, hay fever, etc.)

Please describe below any allergies and the reaction seen:

**HEALTH HISTORY** - Circle "Yes" or "No" for each statement.

Has/does the camper:

- 1. Ever been hospitalized?.....Y N
- 2. Ever had surgery?.....Y N
- Have recurrent/chronic illnesses?.....Y N
- Had a recent infection disease?.....Y N
- recent injury?.....Y N
- asthma/wheezing/ shortness of breath.....Y N
- diabetes?.....Y N
- seizures?.....Y N
- headaches?.....Y N
- glasses, contacts, other eyewear?.....Y N
- 11. Had fainting or dizziness?..... Y N
- 12. Passed out/had chest pain during exercise?..... Y .N 3.
- 13. Had mononucleosis during the past 12 months? .....Y N 4.
- 14. If female, have problems with menstruation?.....Y N 5.Had a
- 15. Have problems with falling asleep/sleepwalking? ..... Y N 6.Has
- 16. Ever had back/joint problems?..... Y N 7.Has
- 17. Have a history of bed-wetting?..... Y N 8. Had
- 18. Have problems with diarrhea/constipation?..... Y N 9.Had
- 19. Have any skin problems?.....Y N 10. Wears
- 20. Traveled outside the country in the past 9 months? ..... Y N

Please explain "Yes" Answers in the space below, noting the number of the questions.

For travel outside the country, please name countries visited and dates of travel. If more space is required, please attach another sheet.

**RESTRICTIONS AND OTHER INFORMATION**

Please, list and explain anything else we should be aware of, including behavioral, emotional and physical issues. (f more space is required, please attach a additional sheet.)

**IMMUNIZATIONS**

Attach a copy of your child's up-to-date immunization record to this form.

**Camp registration is not complete until Immunization Record is received.**

**IMPORTANT INFORMATION**

Name of Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>K</b>	Parent/Guardian Initials	Date of Review	Administrator Initials	Date of Review
<b>1st</b>	Parent Guardian Initials	Date of Review	Administrator Initials	Date of Review
<b>2nd</b>	Parent Guardian Initials	Date of Review	Administrator Initials	Date of Review
<b>3rd</b>	Parent Guardian Initials	Date of Review	Administrator Initials	Date of Review
<b>4th</b>	Parent Guardian Initials	Date of Review	Administrator Initials	Date of Review
<b>5th</b>	Parent Guardian Initials	Date of Review	Administrator Initials	Date of Review
<b>6th</b>	Parent Guardian Initials	Date of Review	Administrator Initials	Date of Review