

CAMP DRUM

Medical Information

Name _____ Date of birth _____

Name of Parent/Guardian _____

Home address _____

City _____ State _____ Zip code _____

Home phone _____

Work phone _____ X _____

Parent cell phone _____

If the person above is not available in the event of an emergency, please contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

**Check all items that apply, past or present, to your child's health history.
Please explain any "Yes" answers.**

Allergies:

Yes No

 Food

 Medication

 Insects

 Plants

General Information:

Yes No

 ADD/ADHD

 Asthma

 Cancer/Leukemia

 Convulsions/Seizures

 Diabetes

 Heart trouble

 Hemophilia

 High blood pressure

 Kidney disease

 Other

List any physical or behavioral conditions that may affect or limit participation in strenuous physical activity such as moving percussion instruments.

List any medications to be taken at camp. All medication must be in original container and labeled with administration instructions.

Immunizations: (Note as to "current" or "due")

Tetanus _____
Diphtheria _____
Pertussis _____
Measles _____
Mumps _____
Rubella _____
Polio _____

Name of personal physician _____ **Phone** _____

Personal health/accident insurance:

Insurance Carrier _____

Policy number _____

Parent/Guardian authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature of Parent/Guardian _____ Date _____