Medical Form

Child

Last Name: _____ First Name: _____

Sex: M ☐ F ☐ Date of birth: MM / DD / YYYY Age in July: _____

Medicare card # _____ Expiration date: _____

Week at camp: Day Camp ☐ Teen Camp ☐ Explorers Camp ☐ Adventure Camp ☐ LIT ☐

Medical Background

Allergies, Asthma, Diabetes: _____

Treatment: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Past illnesses that could re-occur at camp: _____

_____

Physical condition that could hinder participation in activities: _____

_____

Other: _____

In case of emergency, if parents/guardians are unreacheable, contact:

1. Full Name: _____

Phone: _____ Relation to camper: _____

2. Full Name: _____

Phone: _____ Relation to camper: _____

If applicable, who had custody of the child?

(Please enclose a photocopy of a court order referring to visitation rights.)

Full Name: _____

The parent/guardian has the responsibility to update the camp with any medical information changes that happened between the time this form was filled and the first day of camp.

By signing this form, you also give Camp Livingstone's team permission to administer emergency first aid if necessary. You give permission to administer the following non-prescription medications if needed: acetaminophen, ibuprofen, antiemetic, antihistamine, anti-inflammatory, cough syrup, antibiotic cream, and homeopathic products. Should you have any restrictions or reservations about these, please indicate it in the "Other" section.

Signature of parent/guardian: _____ Date signed: _____