

# MEDICAL INFORMATION FORM

Print NEATLY and fill in ALL blanks!  
Your child's well-being might depend on it!

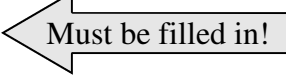
**For Office Use Only:**  
(Parents, do not write here)

Assigned Cabin: \_\_\_\_\_  
Medication?  Yes  No

Camper's Full Name \_\_\_\_\_ Goes by: \_\_\_\_\_  
Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Height \_\_\_ Weight \_\_\_  Boy  Girl  
Parents' Names \_\_\_\_\_ Home Ph. # \_\_\_\_\_  
Address \_\_\_\_\_ Work Ph. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell/Beeper # \_\_\_\_\_  
Emergency Contact other than parents: \_\_\_\_\_ Phone # \_\_\_\_\_



Do you have medical insurance? \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ \* Our insurance does not cover any pre-existing medical condition. In case of accident or injury, your insurance will be considered primary. Camp Grace insurance will be submitted as secondary.

## HEALTH HISTORY:

Date of last Tetanus booster (or DTP) \_\_\_\_\_  **Must be filled in!**  
Allergies? (Check One) \_\_\_\_\_ No \_\_\_\_\_ Yes  
List allergies & type of reaction: \_\_\_\_\_

List any disability, recurring illness, serious injury or operation (include dates if applicable)

List medication/s & reason for taking it: \_\_\_\_\_

 You must bring current medication in its original container with instructions. 

Dietary modifications? \_\_\_\_\_  
Any specific activities limited by physician's advice? \_\_\_\_\_  
Name of family doctor \_\_\_\_\_ Ph. # \_\_\_\_\_

### **\* The following must be notarized in order for child to attend camp. \***

**RELEASE & WAIVER:** The information given above is correct as far as I know. I understand that there are risks involved in camp activities and I accept this risk as a part of my child's participation. I further agree to indemnify, hold harmless, and defend Camp Grace, its board members, executive officers, staff, and employees from any and all claims for injuries, damages, or loss sustained by me or my child arising out of, connected with, or in any way associated with Camp Grace. **EMERGENCY AUTHORIZATION:** I hereby give permission to the first aid personnel selected by the camp director to provide standard first aid care and administer over-the-counter medication, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order x-rays, routine tests, hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named above. **PROMOTIONAL RELEASE:** I hereby give permission for the use of photos/videos in which my child may appear in any promotional material.

**MUST BE NOTARIZED** (Do not sign without a notary present!) County: \_\_\_\_\_ State: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Date \_\_\_\_\_

My Commission expires \_\_\_\_\_

# Medication

This form is **only for children taking medication** while at camp.

DO NOT send this form in ahead of time! Place the completed form and the medication in a gallon-sized Ziploc bag and BRING IT WITH YOU to the registration desk.

- The nurse has a supply of basic over-the-counter medication for the occasional need.
- Medication must be in its original container.
- Prescriptions must have the child's own name on it.
- ALL MEDICATION, including over-the-counter, MUST be turned in to the nurse.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Cabin # \_\_\_\_\_ (The nurse will add this.) Age \_\_\_\_\_

Medication #1 \_\_\_\_\_ Reason for taking \_\_\_\_\_

How much to give? \_\_\_\_\_

When does child need to take it? (Schedule of doses) \_\_\_\_\_

Medication #2 \_\_\_\_\_ Reason for taking \_\_\_\_\_

How much to give? \_\_\_\_\_

When does child need to take it? (Schedule of doses) \_\_\_\_\_

Medication #3 \_\_\_\_\_ Reason for taking \_\_\_\_\_

How much to give? \_\_\_\_\_

When does child need to take it? (Schedule of doses) \_\_\_\_\_

Medication #4 \_\_\_\_\_ Reason for taking \_\_\_\_\_

How much to give? \_\_\_\_\_

When does child need to take it? (Schedule of doses) \_\_\_\_\_

I give permission for personnel chosen by Camp Grace  
to administer these medications to my child as written above.

Signed \_\_\_\_\_ Date \_\_\_\_\_