



**Frontier Trails Camp
2012 - Camper Medical Form**

(All 3 Pages to be filled out by parent (s)/guardian)

**Please attach a photocopy of child's health card(faxes of health card won't come through, so if faxing bring health card with you day of registration)

Name: _____ Age: _____ Health Card # _____

Please Circle Session #(s), attending camp: ss1 ss2 ss3 ss4 ss5 ss6 ss7

I. Is camper on any regular medications that will be taken during camp?

Yes _____ No _____ if so, please note on the chart below.

II. Will camper be bringing any medication that only needs to be given when necessary PRN?

Yes _____ No _____ If so what? _____

Please list Current Medical Regime:

Medication	Dosage	Time (s)	Purpose

If additional meds. Please post on back of medical form & circle OVER

III. Important Allergy Information (Please Circle)

1. Bee/Wasp Sting Allergies _____ - Hay Fever _____ - Poison Ivy _____

2. Food Allergies (nuts, dairy, etc.) _____

Specify: _____

3. Medications Allergies (penicillin, etc Specify): _____

4. Other Allergies: _____

5. Anaphylactic reaction to: _____ - by Ingestion - by touch -by smell

6. Does your child have an Epipen? Yes No 1 Epipen 2 Epipen's 3 Epipen's

7. Are they required to carry one at all times? Yes No

8. Describe the most likely reaction to contact with allergies: _____

IV. Dietary Restrictions: The following restrictions apply to this individual (please check).

Does not eat red meat _____ Does not eat pork _____ Does not eat eggs _____

Does not eat poultry _____ Does not eat seafood _____ Does not eat dairy products _____

Other (describe): _____

V. Explain any restrictions to activity (ex. What cannot be done, what adaptations, or limitations are necessary). Are there any special activities camper cannot participate in? _____

VI. General Questions (explain yes answers below):

Has or /does the participant:

- | | | |
|---|-----|----|
| 1. Had any recent injury, illness or infectious disease? | Yes | No |
| 2. Have a chronic or recurring illness/condition? | Yes | No |
| 3. Ever been hospitalized? | Yes | No |
| 4. Ever had surgery? | Yes | No |
| 5. Have frequent headaches? | Yes | No |
| 6. Ever had a head injury? | Yes | No |
| 7. Ever been knocked unconscious? | Yes | No |
| 8. Ever had frequent ear infections? | Yes | No |
| 9. Ever passed out during or after exercise? | Yes | No |
| 10. Ever been dizzy during or after exercise? | Yes | No |
| 11. Ever had seizures? | Yes | No |
| 12. Ever had chest pain during or after exercise? | Yes | No |
| 13. Ever had high blood pressure? | Yes | No |
| 14. Ever been diagnosed with a heart murmur? | Yes | No |
| 15. Ever had back problems? | Yes | No |
| 16. Ever had problems with joints (knees, ankles)? | Yes | No |
| 17. Have an orthodontic appliance being brought to camp? | Yes | No |
| 18. Wear eye glasses, contacts or protective eye wear? | Yes | No |
| 19. Have a hearing aid? | Yes | No |
| 20. Have an orthopedic appliance being brought to camp? | Yes | No |
| 21. Have any skin problems (ex itching, rash)? | Yes | No |
| 22. Have diabetes? | Yes | No |
| 23. Have asthma? | Yes | No |
| 24. Had mononucleosis in the past 12 months? | Yes | No |
| 25. Had problems with diarrhea/constipation? | Yes | No |
| 26. Suffer from sore throats or stomach problems frequently? | Yes | No |
| 27. Have problems with sleepwalking? | Yes | No |
| 28. If female, have an abnormal menstrual history? | Yes | No |
| 29. Have a history of bed-wetting? | Yes | No |
| 30. Ever had an eating disorder? | Yes | No |
| 31. Ever had emotional difficulties for which professional help was sought? | Yes | No |
| 32. Ever had chicken pox? | Yes | No |
| 33. Do you consider homesickness to be a potential problem? | Yes | No |
| 34. Had head lice in the last 4 weeks. | Yes | No |
| 35. Have had impetigo in past 12 months. | Yes | No |

Please explain any "yes" answers, noting the number of the questions.

VII. When did camper have last tetanus injection? _____

VIII. Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware of (i.e. difficulty in crowds, noise, etc).

IX. I give permission to use pictures of the above named camper for promotion unless otherwise stated. Yes _____ No _____

I give permission for my child to be in the camp group photo Yes _____ No _____

X. If divorced or separated; please indicate who has legal custody: _____

Language(s) spoken at home: _____

Is there anything else you think is important for us to know?

A/ All medications are to be left with the camp nurse on Registration Day.

B/ While every precaution shall be taken to ensure the good welfare and protection of the applicant camper, Frontier Trails Camp, its Directors, Board Members, staff members or employees, or facilities outside the camp grounds are hereby released from any an all liability in the event of any accident or misfortune that may occur to the applicant camper.

C/ The camp is empowered to obtain emergency medical treatment. In the case of Surgical Emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, to order surgery injection, anesthesia for my child as named above.

Family Doctor Name: _____ Phone: _____
Address: _____

Family Dentist Name: _____ Phone: _____
Address: _____

x _____

(Signature of parent/guardian certifying above conditions & information) Date

IMPORTANT INFORMATION (ALL Parents/Guardians MUST FILL OUT for Campers):

Child will be picked up on Saturday or _____ (Residential Campers) or each evening (Day Campers)
Date: at _____ am or pm.

by: _____

Or by: (2nd person) _____

x _____

(Signature of parent/guardian certifying above information & consent) Date

Parents/Guardian will now be required to sign their child out of the camp at the end of the week or Each Day (Day campers only). If there are any **changes Parent/Guardian must notify camp office immediately** and fax a written permission authorizing a different person that the above to pick up the child.