

# MEDICAL FORM 2010

↓ CIRCLE SESSION CAMPER IS ATTENDING ↓

**Advanced  
Horsemanship**

**Adventurers**

**Boundary Waters**

**Discoverers**

**H.S. Mission Team**

**Outdoorsmen**

**Roughriders**

**Superteen Week**

**Triple W-1**

**Youngteen Week**

**Superteen  
Extended**

**Triple W-2**

**Youngteen  
Extended**

**Wisconsin State Law requires us to have a health history on each camper.** Complete the following medical information and either bring it to camp on the day of camper check-in or return by mail at least 2 weeks prior to camper's session. **This form must be completed and signed by a parent or legal guardian.**

**Personal Information**    [ ] F    [ ] M    Age: \_\_\_\_\_    Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_    First Name: \_\_\_\_\_    M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_    Business Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_    Emergency Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_    Parent/Guardian Cell Phone: \_\_\_\_\_

Do you have family medical/hospital insurance? [ ] Yes [ ] No

Carrier: \_\_\_\_\_    Policy Number: \_\_\_\_\_

Physician Name & Address: \_\_\_\_\_

Name & Phone Number of Pharmacy: \_\_\_\_\_

## Health History

**It is recommended that each camper has been immunized against the following: polio, measles, mumps, rubella, diphtheria, tetanus, Hepatitis B, Hemophilus influenza B, and whooping cough.**

**Are immunizations up to date:**    Yes \_\_\_\_    No \_\_\_\_

Date of last Tetanus or DPT shot: \_\_\_\_\_    Height: \_\_\_\_\_    Weight: \_\_\_\_\_

Past illnesses: Measles \_\_\_\_    Chicken pox \_\_\_\_    German measles \_\_\_\_    Mumps \_\_\_\_    Hepatitis: A\_\_ B\_\_ or C\_\_

Previous Surgeries: \_\_\_\_\_

**Camper wears:**     Glasses/Contacts     Dental Braces     Hearing Aid     Other \_\_\_\_\_

List any disabilities or special needs: (hearing, vision, mobility, diet, etc.) \_\_\_\_\_

Current health, behavioral or emotional problems: \_\_\_\_\_

Has your child taken any behavioral modification drugs within the last year? If yes, explain. \_\_\_\_\_

Current medication: \_\_\_\_\_

**If you are sending prescription medication to camp with your child, you will be asked to fill out a Medication Information Slip. All medications are turned over to the Health Supervisor. Medication must be in the original container with pharmacy name and phone number listed. See "note" regarding over-the-counter medications.**

(over)

## Allergies

**Allergic Reaction to:** Bee Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Other \_\_\_\_\_

Explain type of reaction and treatment given: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

## Chronic Problems

Asthma: \_\_\_\_\_

ADHD: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Skin Disorders: \_\_\_\_\_

Seizure Disorders: \_\_\_\_\_

Long Term Diseases: \_\_\_\_\_

Heart Problems: \_\_\_\_\_

Other: \_\_\_\_\_

## Additional Comments:

List any communicable diseases your child has been exposed to within the last month before camp (i.e. chicken pox, etc.)

### ***Permission to Authorize Medical or Surgical Treatment***

The information on this form is true to the best of my knowledge and the above named person is in good health and may attend camp. I hereby give my permission to the camp to authorize routine medical or surgical treatment to my child if it should become necessary. I realize that all attempts will be made to notify the parents first.

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

(Must be signed by Parent or Legal Guardian)

**\*NOTE:** The Phantom Ranch Bible Camp Infirmary must operate under Standing Medical Orders by a physician. These orders specify which over-the-counter medications the health supervisor is allowed to administer. These over-the-counter medications include, Tylenol, Advil, Sudafed, Benadryl, among others and are kept in supply in the camp infirmary. Phantom Ranch cannot accept over-the-counter medications from you to be administered to your child while at camp.

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