



# Summer Camp 2018

## Medical Form

Wisconsin State Law requires us to have a health history on each camper. This form must be completed and signed by a parent or legal guardian. Please submit by mail, electronically, or on first day of camp.

Session Name: \_\_\_\_\_

Camper Information    F            M            Date of birth: \_\_\_\_\_            Age: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Parent Contact Name(s) \_\_\_\_\_

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

Parent Cell Phone Number(s) \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_            Emergency Phone \_\_\_\_\_

### Medical Provider Information

Insurance Carrier \_\_\_\_\_

Insurance 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, Hemophilias 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.

**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 for Health Providers regarding the health and safety of your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission to Authorize Medical or Surgical Treatment**

Required by State Law

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 Camp Infirmary operates under Standing Medical Orders of a physician. These orders specify which over-the-counter medications the health supervisor (nurse) is allowed to administer. These over-the-counter medications include pain relievers, allergy medications, cold medications, stomach medications, 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, we will provide the necessary medication as provided in the Standing Orders.

**Phantom Ranch, W309 S10910 Hwy I, Mukwonago, WI 53149**  
**Phone: 262-363-6940 ♦ Fax: 262-363-6941**  
**Website: [www.phantomranch.org](http://www.phantomranch.org)**