CAMP ZANIKA LACHE CAMP FIRE USA
NCW COUNCIL MEDICAL INFORMATION FORM

The Release for Emergency Treatment on the reverse side must be signed by a parent/guardian.

PERSONAL INFORMATION

Camper's Name: _____ Birth date: _____ Sex: _____ Age: _____

Parent/Guardian/Spouse: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone(s) - Day: _____ Evening: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Camper's Doctor/Clinic: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you carry medical insurance? Circle: Yes No Policy #: _____ Carrier: _____

PARTICIPANT'S HEALTH HISTORY: PLEASE CHECK

Asthma	☐ YES	☐ NO	ADD/ADHD	☐ YES	☐ NO	Headaches	☐ YES	☐ NO
Heart Defect/ Disease	☐ YES	☐ NO	Head Lice (past 6 months)	☐ YES	☐ NO	Tuberculosis	☐ YES	☐ NO
Seizures	☐ YES	☐ NO	Bed Wetting	☐ YES	☐ NO	Ear Infections	☐ YES	☐ NO
Diabetes	☐ YES	☐ NO	Sleep Walking	☐ YES	☐ NO	Allergies	☐ YES	☐ NO
Recent Hospitalization	☐ YES	☐ NO	Fainting	☐ YES	☐ NO	Other (explain Below)	☐ YES	☐ NO

PLEASE GIVE THE DATE OF THE FOLLOWING IMMUNIZATIONS OR ILLNESSES:

	Immunization	Illness		Immunization	Illness
DPT, TD or Tetanus	_____	_____	Rubella (German/3-day measles)	_____	_____
Sabin (oral polio)	_____	_____	Chicken Pox	_____	_____
Measles	_____	_____	Other: _____	_____	_____
Mumps	_____	_____			

List all food and drug allergies: _____

_____

List recent illnesses (past two months): _____

_____

List current medications and dispensing instructions: _____

_____

Is there any special medical or dietary care needed? _____

Are there any restrictions in any of the physical programs (swimming, hiking, games, etc.?) _____

_____

_____

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._____

_____

CAMPER NAME: _____

SESSION #: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR-REQUIRED

PARENT'S AUTHORIZATION: I verify that this medical information on my child, _____(camper's name) is complete and accurate. I understand that my child must have had a physical examination within the past 12 months to participate in a resident camp program. The month and year of the physical was _____. My child has permission to engage in all described camp activities except as noted by me and/or our physician. I hereby give my permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/ or my child. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting such participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer whatever medical or surgical treatment is necessary, for the person named above. This completed form may be photocopied for trips out of camp.

SIGNATURE OF PARENT/GUARDIAN _____**DATE** _____

Camper Agreement

I have completed the above information (with my parents, if a minor) and will assume the responsibility for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being at Camp Zanika.

CAMPER'S SIGNATURE_____**DATE**_____

FOR OFFICIAL USE ONLY

How are you feeling?	Health House Screening
	Hair ☐
Any changes since you sent in your form?	Hands ☐
	Feet ☐
Have you been exposed to any communicable diseases?	Toes ☐
	Comments:
Do you have any prescription or over the counter medications?	