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.

CAMPER NAME: ______

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 allergues: ______

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 ______

SESSION #: ______

Medication: ☐ This camper will not take any daily medications while attending camp.
☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers.*** ***Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:____________		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:____________		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:____________		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:____________		

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 (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?	