

# COMM CAMP MEDICAL FORM

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardians: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (if above can not be reached): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Any known medical conditions? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Is this child currently on any medication? \_\_\_\_\_

If yes, please list name and dosage of medication (s): \_\_\_\_\_

Any known allergies (food, plant, medications, bee stings, etc)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

If a bee stings your child, do you give us permission to give your child Benadryl? \_\_\_\_

If yes, what dosage? \_\_\_\_\_

Does your child suffer from severe headaches or migraines? \_\_\_\_\_

If yes, do you give us permission to give your child Tylenol? \_\_\_\_\_

If yes, what form and what dosage? \_\_\_\_\_

Do we have your permission to administer emergency First Aid, if needed? \_\_\_\_\_

*Camp directors and head counselors are First Aid/CPR certified*

My son or daughter may be transported via ambulance to \_\_\_\_\_ hospital if emergency care is required. I understand that I will be notified immediately.

I, THE UNDERSIGNED, DO HEREBY DISCHARGE AND RELEASE THE WAVERLY COMMUNITY HOUSE, INC. AND ITS OFFICERS, TRUSTEES, EMPLOYEES, AND VOLUNTEERS FROM CLAIMS FOR INJURIES, LOSSES, OR DAMAGES MY SON OR DAUGHTER MAY NOW OR IN THE FUTURE INCUR WHILE A PARTICIPANT IN A WAVERLY COMMUNITY HOUSE PROGRAM OR EVEN ON THE WAVERLY COMMUNITY HOUSE GROUNDS (INCLUDING FIELD TRIPS).

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This must be returned to the Comm Camp office on or before your child's first day of camp.