



# 2018 Summer Camp Medical Form



Campers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specify camp week(s) child will be attending \_\_\_\_\_

**Parent/Guardian #1**

Name \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Policy Number \_\_\_\_\_

Plan Number \_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Policy Number \_\_\_\_\_

Plan Number \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Is physician authorization needed?  Yes  No

**IF MEDICATION IS REQUIRED, IT MUST COME IN THE ORIGINAL CONTAINER WITH USAGE, DOSAGE, AND INSTRUCTIONS PRINTED CLEARLY ON LABEL. A DOCTOR'S FORM MUST ALSO BE SUPPLIED.**

**Health History (Please check all that apply and list approximate dates)**

- Chicken Pox \_\_\_\_\_
- Measles \_\_\_\_\_
- German Measles \_\_\_\_\_
- Mumps \_\_\_\_\_
- Asthma \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Poison Ivy \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Penicillin \_\_\_\_\_
- Other Drugs \_\_\_\_\_
- Ear Infections \_\_\_\_\_
- Rheumatic Fever \_\_\_\_\_
- Convulsions \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Behavior \_\_\_\_\_
- Concussion \_\_\_\_\_
- Other \_\_\_\_\_

**Medical Conditions**

Please list any serious past illnesses

Please list past surgeries or major injuries

Does camper have any chronic or recurring illness?

Are there any activities the camper should not participate in?

Will the camper need to take medication at camp? *If so, please describe the medication*

Does the camper wear any medical devices?

Does the camper have any food allergies?

Does the camper require an EpiPen in case of allergic reaction?

Consent for Medical Treatment: I hereby authorize that all the information above is correct and that my child is able to participate in all Anchor Golf Center activities without the need for individual or specialized attention or medical regimen. I agree to notify Anchor Golf Center of any changes in my child's physical or mental health between the dates of enrollment and the start of camp, as well as during the camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the camp staff, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.

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