

Camp Kagama Medical Form

Name (child): _____
Phone: (____) _____ Address: _____

Date of Birth (DD/MM/YYYY): _____ Health Card Number: _____

Family Physician: _____
Phone: (____) _____ Address: _____

Hospital Used: _____ Date of Last Medical Examination: _____

Allergies

Drugs: _____
Food: _____
Other: _____

Medic Alert

(circle one) Nil Diabetes Epilepsy Cardiac Respiratory

Other (please list): _____

Date of Last DPT-OPV Booster: _____

Medical and Surgical History (include childhood diseases): _____

My child has recently...

- YES NO Soiled/wet the bed
- YES NO Soiled/wet themselves (other than in bed)
- YES NO Had/Has head lice and/or ticks
- YES NO Other things we should be told: _____

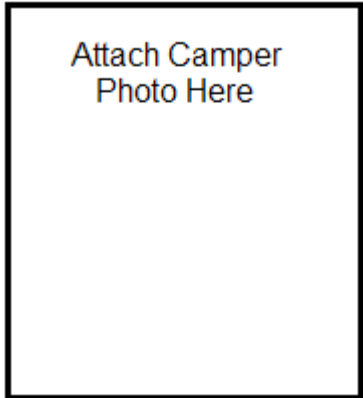
I authorize Camp Kagama to use my child's name / picture in camp publications including the camp website:

YES NO

Persons to notify in case of an emergency:

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

To the best of my knowledge my child is in good health and is physically able to participate in camp activities. Should she/he be in contact with an infections disease before departure for camp I understand the camp must be notified. In case of emergency, and I or any of the persons named above are not immediately available for consultation, I hereby give permission to the physician selected by the Camp Director, or Camp Nurse, to hospitalize, and/or secure proper treatment for my child, as named above. I also give permission for the Camp Nurse to administer any prescription medication brought with my child and non-prescription medication within recommended dosages, if required. I understand that my child may be checked for head lice and/or ticks. If my child is found to have head lice and/or ticks, he/she will not be permitted to remain at camp. **Any and all medications must, and will come to camp in original packaging. No medication of any kind (including Tylenol, Advil, etc.) may be given to my child other than what they bring. All** medications (prescription or not) must, and will be turned over to nurse upon arrival.



Parent/Guardian Signature: _____ Date: _____