

Youth Winter Retreat Medical Form

Name: _____ Birth Date: _____ Age: _____ Sex: M / F
Parent/Guardian: _____ Cell Phone: (____) _____ Home Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
In An Emergency Notify: _____ Relation: _____

Cell Phone: (____) _____ Home Phone: (____) _____ Work Phone: (____) _____

=====

Health History: (Check as applicable, giving approximate dates)

Frequent Colds: _____	Stomach Upsets: _____	Chickenpox: _____	Sinusitis: _____
Measles: _____	Ear Infection: _____	Heart Trouble: _____	German Measles: _____
Diabetes: _____	Fainting: _____	Tuberculosis: _____	Whooping Cough: _____
Convulsions: _____	Epilepsy: _____	Mumps: _____	Rheumatic Fever: _____
Kidney Trouble: _____	Bronchitis: _____		

Operations or Serious Injuries (list): _____

Allergic Reactions: Bee Sting: _____ Penicilin: _____ Serious Ivy/Oak/Sumac Poisoning: _____ Other: _____

Details of above or additional information: _____

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents/guardian of campers. In the event I cannot be reached, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as name above.

Insurance Carrier: _____ Policy Number: _____

SIGNATURE: _____ Date: _____
