

# 2018 CAMPER MEDICAL FORM

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

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

Age \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_

**Medical Insurance**  Check box to show copy of medical card attached

Each camper and staff person must submit: 1) A completed (both sides) and signed medical form. 2) Photocopy of front and back of health insurance card. Hospitals now need all the billing information and phone number, not just the policy number.

Camp Otyokwah does not provide supplemental medical insurance for campers. Parents or guardians are responsible for medical insurance.

Family Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Parent/Guardian or Spouse \_\_\_\_\_

## Select Camp:

- Pioneer, June 7-9
- Adventure, June 10-16
- Pathfinders, June 17-23
- Discovery, June 24-30

Date of Last Tetanus Shot:

\_\_\_\_\_  
If more than 10 years ago, should have booster before coming to camp.

## Special Conditions/Health History: (please check)

- |  |   |
|--|---|
| <input type="checkbox"/> Bedwetting                  | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> Convulsions/Seizures        | <input type="checkbox"/> Hayfever/asthma/wheezing                                       |
| <input type="checkbox"/> Heart trouble               | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Shortness of breath         | <input type="checkbox"/> Sleepwalking   |
| <input type="checkbox"/> Handicap                    | <input type="checkbox"/> Speech problems  |
| <input type="checkbox"/> Eczema/skin rashes          | <input type="checkbox"/> Frequent Earaches/Soar Throats                                 |
| <input type="checkbox"/> Emotional/behavior problems | <input type="checkbox"/> Recently exposed to infectious diseases (ringworm, lice, etc.) |
| <input type="checkbox"/> Other: please explain _____ |   |

<b>Surgeries and/or Hospitalizations:</b>	Date	Reason
_____	_____	_____
_____	_____	_____

<b>Allergies to Medications:</b>	Medication	Type of Reaction
_____	_____	_____
_____	_____	_____

How does the camper react to injury or illness? (i.e. pain tolerance, minimizes injury, dramatic, etc.) \_\_\_\_\_

Please include other information that will be helpful in an emergency \_\_\_\_\_

## Medications:

Note: The resident Health Professional functions under the direction of a medical director. **Medications may only be administered if in the ORIGINAL BOTTLE.** Medications in plastic bags or other pill containers cannot be dispensed. Medications prescribed to someone other than the camper may not be dispensed.

Medications to be taken during camp:

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____

## REQUIRED FOR EACH CAMPER:

If I cannot be reached in an emergency, I give permission to Camp Otyokwah Personnel to provide emergency medical treatment, including hospitalization, for my child. I also give the resident health professional permission to administer nonprescription medications as deemed necessary.

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (C) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Additional Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (H) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (C) \_\_\_\_ - \_\_\_\_ - \_\_\_\_