2024 CAMP PALATINE

CAMPER'S PERSONAL HEALTH AND MEDICAL SUMMARY
Fax# 518-537-6001

To be filled out by Parent and Doctor Please print in ink

IDENTIFICATION

Name_____ Date of Birth_____ Age_____ Sex_____

Name of parent or guardian_____ Telephone_____

Home address_____ City_____ State_____

Business address_____ City_____ State_____

If Person Above Is Not Available In The Event Of An Emergency, Notify:

Name_____ Relationship_____ Telephone_____

Name_____ Relationship_____ Telephone_____

Name of personal physician_____ Telephone_____

Personal Health/Accident Insurance carrier_____ Policy No._____

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

Date_____ Signature of parent or guardian_____

Medical Information Past Or Present That We Should Be Concerned About: (please check)

Asthma	Yes____ No____	Heart disease	Yes____ No____	Leukemia	Yes____ No____
Allergies	Yes____ No____	Cancer	Yes____ No____	High blood pressure	Yes____ No____
Convulsions	Yes____ No____	Diabetes	Yes____ No____	Hemophilia	Yes____ No____

Special Instructions to Us: _____

_____

Allergies:	Food	Yes____ No____	Plants	Yes____ No____
	Medicine	Yes____ No____	Insect Bites	Yes____ No____

Explanations/Special Instructions to Us: _____

_____

Any Reason To Restrict Full Activity Including, Long Hikes, Backpacking, Strenuous Physical Games? Yes____ No____

List Any Conditions Limiting Full Participation (Physical or Emotional) _____

_____

(OVER)

MEDICINES AND IMMUNIZATIONS

Are You Sending Any Medicines With Your Child To Camp Palatine? Yes____ No____

Any Reason for Medicines to Be Taken On an Off Camp Trip? Yes____ No____

Any Special Equipment Such As Orthopedic or Handicap Devices, Glasses or Contacts, Dentures, Epi-Pen Etc.? Yes____ No____

Describe?

_____

_____

_____

*Please attach immunization records to this form

Any Additional Instructions to Our Staff:

_____

Parent/Guardian Signature