

Camp d'action biblique ~ Camper/Staff Medical Form

Please print

Family Name:	First Name:	M/F
Address:	City:	
Prov./State:	Postal/Zip Code:	
Date of Birth: (d/m/y) / /	Medicare #:	
Camper's Parent/Guardian:		
Phone numbers: day:()	evening:()	Cellular:

◆ **CUSTODY INSTRUCTIONS:**

☎ IN CASE OF EMERGENCY CONTACT:

Name:	Telephone: ()
Name:	Telephone: ()

Do you have any special instructions regarding the camper's/staff's health care and/or diet?

1. _____
2. _____
3. _____

Current Medications: (must be clearly labeled) Medication Allergies:

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Reactions/Treatment:

Food Allergies: Other Allergies: (insect stings, etc.)

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Reactions/Treatment:

Medical Problems: bed wetting convulsions ear problems

hay fever headaches nose bleeds nightmares/terrors

sleep walking stomach aches respiratory problems other (explain)

Treatment:

Chronic/Recent conditions or contact with infectious diseases:

Last Tetanus shot (DPT;DT): (d/m/y) / /

Special Needs:

Treatment:	Date (d/m/y)	Date (d/m/y)	Date (d/m/y)	Comments:

Please date this form according to camper or staff arrival date.

I hereby authorize the staff to administer and secure any medical treatment necessary for my child's/my well-being. I also hereby declare that there has been, no changes to my child(s)/my medical condition and information since completing this form. (Changes require new medical form)

/ / /

SIGNATURE: (Parent or Legal Guardian, if under 18 years old) **Arrival date (d/m/y)**