



## SUMMER CAMP MEDICAL HISTORY FORM

This form must be completed and received by The Cornerstone School's Summer Camp Programs by the first day of camp. A new Medical History form must be submitted for each camper, each year.

### CAMPER INFORMATION

Camper Name (*Last, First*) \_\_\_\_\_ Name Preferred \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name \_\_\_\_\_  
Home Address (*Street, City, State, Zip*) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

### CAMPER HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your child's needs.

### ALLERGIES

List all known medical and food allergies. If no allergies exist, please write N/A.

### MEDICATIONS BEING TAKEN

Please list ALL medications (*including over the counter or non-prescription drugs*) taken routinely. Prescription medicines that need to be administered during camp hours need to be in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This camper takes NO medications on a routine basis.

This camper takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_  
Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_  
Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

## GENERAL QUESTIONS

Please use the space below to provide any additional information about the campers physical, emotional, and mental health or behavior about which the camp should be aware. If nothing is applicable, please write N/A.

Explain any restrictions of participation in full camp program/activities. If no restrictions exist, please write N/A.

**Name of participant's pediatrician or family doctor:** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_ Policy #/Group # \_\_\_\_\_

Insurance Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION:

This health history is correct and complete as far as I know. I agree to notify The Cornerstone School's Camp program if any change occurs in my child's medical condition before arriving at camp. The person herein described has permission to engage in all camp activities except as noted above. I hereby give permission to the camp to provide routine health care, administer pre-scribed medications, and seek emergency medical treatment. I give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release The Cornerstone School's Camp program and its staff from any and all liability for any injury or illness incurred at camp. Final permission is given to use any pictures of the above mentioned minor for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_