

MEDICAL HISTORY FORM

SOMERS RECREATION SUMMER CAMP PROGRAMS

CAMP NAME: _____
CAMPER NAME: _____
NAME OF PARENT OR GUARDIAN: _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone** _____

Please indicate another person we can reach in case of emergency:

Name: _____ **Phone Number:** _____

An insurance policy is NOT included in the cost of the camp.

MEDICAL QUESTIONS

1. Is your son/daughter presently under medication? YES ___ NO ___
If so, what? Prescription _____
Over the counter _____
Do the trainers have permission to give this? YES ___ WHEN _____ NO _____
2. Drug Sensitivities _____
3. Allergies _____
4. Has your son/daughter had any medical problems in the past year which caused him/her to be hospitalized? If so , what? _____

5. Has your son/daughter had any significant injuries? Please be specific and give the approximate date. Did a physician treat this injury (s). YES ___ NO ___
FOR EXAMPLE:
NECK _____
SHOULDER _____
KNEE _____
HAND _____
OTHER _____
6. Date of last Tetanus shot: _____
7. In case your son/daughter needs to be seen by a physician, would you want us to call you before he/she is taken? YES ___ NO ___
(IN CASE OF AN EMERGENCY, WE WILL ACT ACCORDINGLY)

***If your son/daughter received an injury at camp that required attention, and it lasts more than three days, he should be seen by a physician after returning home.**

I VERIFY THAT FULL INSURANCE COVERAGE INCLUDING PRIMARY BENEFICIARY, POLICY NAME, AND CONTRACT NUMBERS HAVE BEEN SUBMITTED ON THE REGISTRATION FORM. I VERIFY THAT MY CHILD HAS BEEN CHECKED BY A PHYSICIAN IN THE LAST YEAR AND IS PHYSICALLY ABLE TO PARTICIPATE IN _____ CAMP. IF MY SON/DAUGHTER NEEDS MEDICAL TREATMENT WHILE PARTICIPATING IN THE SUMMER PROGRAM, IT IS MY WISH THAT TREATMENT BE STARTED IMMEDIATELY IF IT IS DEEMED NECESSARY BY A PHYSICIAN OR NURSE, WITH THE UNDERSTANDING THAT EVERY EFFORT WILL BE MADE TO NOTIFY ME IN CASE OF ANY MAJOR ILLNESS OR INJURY. I WILL ACCEPT RESPONSIBILITY FOR ALL COST RELATED TO SUCH TREATMENT.

Date: _____ **Signature Parent/Guardian:** _____

***Please include a copy of your child's most recent physical exam if available.**