

Summer Harmony Medical Form

Special Note

**Sharing of medications of any kind is not permitted between campers.
Lack of compliance is grounds for immediate dismissal from camp.**

****Please include a copy of your medical insurance card, if available.**

Camper Information

Last Name _____ First Name _____

Middle (Initial or Name) _____ Nick Name _____

Birth Date _____ Date of last tetanus shot: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Allergies:

Medications _____

Foods _____

Other _____

Chronic Conditions:

My child has a chronic condition of _____

It is controlled with or by _____

Medications:

Sent to camp with my child that he/she may use

(Examples: inhaler, epi-pen, ibuprofen)

Walking:

Is there a physical condition that would inhibit your child's ability to walk approximately 1/2 of a mile to/from the rehearsal hall? **No** **Yes**

If yes, please explain:

Emergency:

Contact Information:

Name _____ Relationship _____
Home Phone () _____ Cell Phone () _____
Address _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act on my (our) behalf:

Name _____ Relationship _____
Home Phone () _____ Cell Phone () _____
Address _____

Medical Insurance:

Is the camper insured? **No** **Yes**

If Yes:

Provider _____ **Policy #** _____

Group # _____ **Id#** _____

Signatures:

Signature of Parent or Guardian and date

I give the camper named above permission to take his/her own prescribed and/or "over the counter" medications that I've sent with him/her. I certify that the above information is correct and I give permission for this camper to be treated at any emergency facility in the case of illness or injury.

Print & Sign _____ Date

Signature of Camper and date

I understand that I cannot share medications with anyone, and agree that I will not give or receive any medication from anyone.

Print & Sign _____ Date