

CAMP LA VERNE

CAMPER HEALTH HISTORY AND MEDICAL CONSENT FORM

Camp Attending: _____ Dates Attending: _____

Camper's Name: _____

Address: _____ City: _____ State: _____

Date of Birth: ___/___/___ Age at Camp: _____ Sex (circle one): M / F Height: _____ Weight: _____

Insurance Provider: _____ Policy Number: _____

Family Physician: _____ Phone Number: _____

Date of last tetanus shot: ___/___/___

Please list any conditions (allergies, headaches, heart, respiratory, sinus behavioral, etc.), or limitations that may affect the camper's participation in camp activities.

Please list any medications the camper will be taking while at camp.

Medicine: _____ Dosage: _____ Time of Day: _____

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Medicine: _____ Dosage: _____ Time of Day: _____

Consent for Non-prescription Medication: During the above listed dates, I give my permission for my child to receive the following over the counter medications from the assigned medical staff worker. (Please Circle)

Kaopectate	YES NO	Pepto-Bismol	YES NO	Caladryl	YES NO
Tylenol	YES NO	Chloraseptic Spray	YES NO	Advil	YES NO
Cepacol	YES NO	Benadryl	YES NO	Antacid	YES NO

In case of emergency notify:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Person to be notified if above cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Consent and for medical treatment:

I hereby give permission to the medical personnel selected by Camp La Verne to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in a emergency, I hereby give permission to the physician selected by Camp La Verne to secure and administer treatment, including hospitalization, for the child named above. This form may be photocopied for trips out of camp.

Signature: _____ **Date:** ___/___/___

Parent or legal guardian if camper is under 18 years of age.