

6TH GRADE CAMP – EMERGENCY AND MEDICAL INFORMATION

Student's Name: _____ Date of Birth: _____

Parents' Names: _____

Address: _____ Home Phone: _____

Student lives with: _____

Other phone numbers for parents / guardians:

Name: _____ Work: _____ Cell: _____

Name: _____ Work: _____ Cell: _____

Alternate to call in case of emergency:

Name: _____ Phone Number: _____

Relationship to student: _____

Family Doctor's Name: _____ Telephone Number: _____

Allergy - to any food or medication: _____

to anything else (seasonal / animal / stings...): _____

****TREATMENT** for allergy: _____

Medical Conditions: _____

Asthma: _____

Any physical disability, impairment or limitation? _____

Any recent illness or injury? _____

Medications taken (Please fill out medication form): _____

I give my permission for my child to participate in this activity and to receive adequate medical attention if needed. I confirm that my child is covered by some form of insurance for any injury which might occur while participating in this field trip.

Insurance Information: _____

Parent's Signature: _____ **Date:** _____

.....PLEASE COMPLETE BOTH SIDES.....

HAS THE CAMPER / DOES THE CAMPER (IF YES PLEASE PROVIDE ADDITIONAL INFORMATION):

Had any recent infectious disease? Yes No _____

Have a chronic or recurring illness or infection? Yes No _____

Have frequent headaches? Yes No _____

Ever had a head injury / knocked unconscious? Yes No _____

Ever seizure? Yes No _____

Had fainting or dizziness during or after exercise? Yes No _____

Ever had chest pain with exercise? Yes No _____

Ever been diagnosed with a heart murmur? Yes No _____

Ever had back problems? Yes No _____

Ever had problems with joints (knees/ ankles)? Yes No _____

Have any skin problems (itching, rash, acne, eczema)? Yes No _____

Have problems with falling asleep / sleepwalking? Yes No _____

Have urinary issues? Yes No _____ Bedwetting? Yes No _____

Have stomach aches? Yes No _____ Diarrhea / Constipation? Yes No _____

History wheezing / asthma / shortness of breath? Yes No _____

If female: problems with menstrual cycle? _____

Wear glasses or contacts? _____ (Please bring extra pair or backup glasses)

Wear braces? _____ Bringing an orthodontic appliance? _____

Any additional information about the camper's behaviors, physical or emotional health about which we may need to be aware: _____

