

The Ballibay Camps
Camper Medical Form
One Ballibay Road Camptown, PA 18815 570-746-3223 office@ballibaycamps.com

Date: _____ Completed By: _____ Relationship to Camper: _____

Camper's Full Name:	_____
Camper's Date of Birth:	_____
Camper's Home Address:	_____
Parent/Guardian's Full Name:	_____
Parent's Home Address:	_____
Parent's Phone Number:	_____
Emergency Contact Name:	_____
EC's Home Address:	_____
EC's Phone Number:	_____

MEDICAL HISTORY

Chronic Medical/Psychological Conditions: _____

Surgeries: _____ at age _____
_____ at age _____

Major Illnesses/Injuries: _____ at age _____
_____ at age _____
_____ at age _____

Immunizations: _____ at age _____ _____ at age _____
_____ at age _____ _____ at age _____
_____ at age _____ _____ at age _____

My Camper Is:

- Vegetarian
- Vegan
- Gluten Free
- Lactose Intolerant
- Allergic to: (list)

MEDICATIONS

Medication: _____	Dosage: _____	When: _____
Medication: _____	Dosage: _____	When: _____
Medication: _____	Dosage: _____	When: _____
Medication: _____	Dosage: _____	When: _____
Medication: _____	Dosage: _____	When: _____

PHYSICIAN: *Please note any restrictions to this camper's activities or precautions which should be taken with this camper. Can this camper participate in activities without restriction?*

Camper's Full Name: _____ Date: _____

Comments: _____

Abnormalities:

EENT/Neck: _____

Chest: _____

CV: _____

Respiratory: _____

Musculo Skeletal & Neural: _____

GU & Genital (Hernia): _____

Physician's Signature _____ Date: _____

Physician's Phone #: _____

Physician's Address: _____

PARENTS: Permission is hereby given for the camp directors to authorize medical, dental or hospital attention to be given to my child. Matters of any severity will be discussed with the parents as promptly as reasonably possible after the initial diagnosis and treatment. In signing this medical form, I give permission for medical, dental or hospital attention to be given to my child, and attest that all information is complete and correct and that I have listed all relevant insurance information below.

Insurance Carrier: _____

ID #: _____ Name on Card: _____

PLEASE INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD!

Information: Is there any information, medical or otherwise, which would assist us in providing your child a healthier, happier, more productive or safer summer? Naturally, your comments are confidential.