

# Camper Medical Form

The BallibayCamps • 1660 BallibayRoad • Wyalusing, PA18853 • 570 746 3223 • office@ballibaycamps.com

Camper's Full Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Camper's Birthdate: \_\_\_\_\_ Camper's Age on June 1: \_\_\_\_\_

**Serious Accidents & Illnesses, Surgeries:**

\_\_\_\_\_ at age \_\_\_\_\_  
\_\_\_\_\_ at age \_\_\_\_\_  
\_\_\_\_\_ at age \_\_\_\_\_  
\_\_\_\_\_ at age \_\_\_\_\_

**Allergies/Sensitivities** (food, medicines & other):

\_\_\_\_\_  
\_\_\_\_\_

**Chronic Medical Conditions, Psychological Conditions:**

\_\_\_\_\_  
\_\_\_\_\_

**Immunizations & Dates** (or attach copy of immunization records):

\_\_\_\_\_  
\_\_\_\_\_

**Medications to be taken at camp** (please list all medications):

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ When to take: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ When to take: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ When to take: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ When to take: \_\_\_\_\_

for camp use

5.2018

**Physician:** Please note any restrictions to this camper's activities or precautions which should be taken with this camper.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Abnormalities:**

EENT-Neck: \_\_\_\_\_  
Chest: \_\_\_\_\_  
CV: \_\_\_\_\_  
Resp.: \_\_\_\_\_  
Abdominal: \_\_\_\_\_  
Musculo Skeletal & Neural: \_\_\_\_\_  
GU & Genital (Hernia): \_\_\_\_\_

physician's signature: \_\_\_\_\_ date: \_\_\_\_\_  
physician's phone number: \_\_\_\_\_ fax number: \_\_\_\_\_  
mobile phone number: \_\_\_\_\_ emergency number: \_\_\_\_\_  
physician's address: \_\_\_\_\_

**Camper's Full Name** \_\_\_\_\_

**Parents:** Permission is hereby re-affirmed 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 initial diagnosis and treatment. In registering for camp, I have given permission for medical, dental or hospital attention to be given to my child. I attest that all information on this form is complete and correct and that I have listed all relevant insurance information below, and attached copies of insurance cards.

**Insurance information (please attach copies of insurance cards, both sides; thank you!)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

signature: \_\_\_\_\_

signer's relationship to camper: \_\_\_\_\_

signer's name (please print): \_\_\_\_\_

home phone number: \_\_\_\_\_ work phone number: \_\_\_\_\_

mobile phone number: \_\_\_\_\_ other contact number: \_\_\_\_\_

**alternate emergency contact:**

name: \_\_\_\_\_

relationship to yourself or camper: \_\_\_\_\_

phone numbers: \_\_\_\_\_

**Information:** is there any information, medical or other, which would assist us in providing your child a healthier, happier, more productive or safer summer? Your comments are confidential and will be shared only with relevant staff and the camp directors. Please call us any time to discuss any issues! 570-746-3223