

# 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** (please 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

8.2019

**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 \_\_\_\_\_

**Appointment of *in loco parentis* status, permission to be present, and financial responsibility**

I/we, the parent(s) or guardian(s) of the child named on this form (hereinafter "Minor Child"), during the camp registration process have appointed Camp Ballibay and its directors to act *in loco parentis* (in place of a parent) on behalf of Minor Child, in any way that I/we would act if I/we were personally present, with respect to any injury, illness or medical emergency that occurs while Minor Child is attending Camp Ballibay. In signing here I/we affirm that we have already so appointed Camp Ballibay and its directors as a requirement of registering our child, and re-affirm this appointment.

This status of *in loco parentis* pertaining to medical matters, includes but is not limited to: (i) providing any and all consents and authorizations to any physicians, dentist, hospital, health care providers or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as deemed necessary or appropriate in the best interests of Minor Child; (ii) transporting Minor Child via automobile, ambulance or other emergency transport vehicle to the medical facility deemed to be in the best interest of Minor Child. (iii) signing any documentation or authorizations so that Private Health Information (PHI) pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPPA) can be released and exchanged in the best interest of Minor Child.

Though every effort will be made to contact me/us as the parents/guardians, care must not be withheld in the event that I/we are unavailable in person or by phone. Care must be rendered as necessary for the health and safety of Minor Child. I/We understand that the parent/guardian remains responsible for the financial costs incurred with emergency transport and treatment at the health care facility.

This limited medical power to act *in loco parentis* shall be revoked automatically upon completion of Minor Child's residency at Camp Ballibay, and will resume upon any future residency at Camp Ballibay. Thus this form affirms our intent and appointment for any summer subsequent to the date of signing in case the current year's form is not available.

Absent circumstances required for the safety of care of Minor Child, *in loco parentis* status will permit a counselor or agent appointed by the camp director accompanying Minor Child to the facility to be present (in the examination room) throughout the treatment of Minor Child even after phone contact has been established with the parent(s)/guardian(s).

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

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

Parent/guardian 1 signature: \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

Parent/guardian 2 signature: \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_