

# Camp Buckeye Camper Medical Form

Camp \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_ ft. \_\_\_\_ in.

Weight \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Work \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Work \_\_\_\_\_

Phone \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Doctor's \_\_\_\_\_

Phone \_\_\_\_\_

Is the camper in good general health and physically able to participate in a strenuous camping program? Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_.

2. Are there any restrictions or limitations indicated? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

3. Is there any history of allergy or drug reactions (including food, bee stings, poison ivy)?

Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

4. Is there any condition for which the camper is being treated? Yes \_\_\_ No \_\_\_ If yes,

explain \_\_\_\_\_

5. Is the camper on any medications? Yes \_\_\_ No \_\_\_ If yes, list types of medication, dosage, and frequency on bottom of this form. **All Rx meds must be in original pharmacy**

**containers**. Indicate when medication was last given.

6. Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_.

7. List anything that the camp staff should know about the camper's physical/emotional condition:

**I give my permission for the above named camper to take a full and active part in the program at Camp Buckeye and to receive medical treatment in the case of an accident**

**which may occur while he/she is registered at Buckeye. I understand that sickness is not covered by insurance. If medical treatment is necessary, I give permission to take the above named camper to a doctor. I further give permission & request that the named Rx medication(s) be given as ordered on the pharmacy container.**

My insurance is with \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian  
Street

\_\_\_\_\_  
Date Signed City, State, zip

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Release Data: The above named camper may be released at the end of their stay at Camp Buckeye on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_ to the following person(s)\_\_\_\_\_.

Signed and dated by Parent or Guardian: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*NOTE: If there is a change in these plans, please notify the camp by phone or in writing. Thank You!**

**MEDICATIONS**

TYPE: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_ TYPE: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

TYPE: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

\_\_\_\_\_