



**Family Camp Medical Form 2017**

Event code: PF261

**Online medical form available!** We encourage you to complete this medical form online instead of on paper. If you've shared your email address with us in the past, then you already have an online account. Just go to **BeACamper.com**, click on My Account, enter your email address, and click 'Forgot Password.' Or call (888) 628-2818 and ask to have your online account activated.

If you need to complete the medical form on paper, make sure this form is completed and returned to the address above by June 1st. If you receive this form after June 1st, send the completed form using the information above as soon as possible, and not later than two weeks prior to the start of the event.

Any medical forms not returned by 2 weeks before the event begins must be completed online.

**Family's Insurance Information:**

Are the campers covered by family medical/hospital insurance? Yes No  
 Policy holder's name: \_\_\_\_\_ Employer's name: \_\_\_\_\_  
 Relationship to campers: \_\_\_\_\_ Insurance provider: \_\_\_\_\_  
 Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Alternate Emergency Contact:**

Name: \_\_\_\_\_ Relationship to family: \_\_\_\_\_  
 Phone number: C H W (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Phone number: C H W (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

**Camper #1's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 History of: ADD/ADHD Asthma Autism Bedwetting Diabetes Seizures  
 Will the camper have any medications? Yes No (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #2's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 History of: ADD/ADHD Asthma Autism Bedwetting Diabetes Seizures  
 Will the camper have any medications? Yes No (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_



## Family Camp Medical Form - Continued

### Camper #3's Medical Information:

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

### Camper #4's Medical Information:

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

### Camper #5's Medical Information:

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

Please be sure to complete page 1 of the family camp medical form & turn in all medical form pages together.



**Family Camp Medical Form - Continued**

**Camper #6's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #7's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #8's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_



## Family Camp Medical Form - Continued

### Camper #9's Medical Information:

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

### Camper #10's Medical Information:

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

### Camper #11's Medical Information:

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

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