

Highland Park Youth Camp - Medical Form

Please complete this medical form and mail it to the camp Registrar with your registration form. The registration process is not complete until both forms are submitted.

Name_____ M F Age_____ Birthdate_____

Camper's Email_____ Grade Completed by June_____

Parent / Guardian (1)_____

Address_____

City_____ State_____ Zip_____ Email_____

Home Ph ()_____ Work Ph ()_____ Cell Ph ()_____

Parent / Guardian (2)_____

Address_____

City_____ State_____ Zip_____ Email_____

Home Ph ()_____ Work Ph ()_____ Cell Ph ()_____

Health Insurance Co_____ ID/Policy No._____ Group No._____

Alternate Emergency Contact Person:_____ Relationship:_____

Alternate Emergency Phone #: ()_____

Are you a member of an HMO? Yes_____ No_____

Name of Primary Care Physician _____ Phone ()_____

Date of last physical_____ (current) Height_____ Weight_____

Describe if the camper has any special needs:_____

List any medications the camper is currently taking or has been taking in the last year:_____

List any medication that camper is allergic to_____

What kind of reaction?_____

Is there any non-prescription medications you **DO NOT** want your child to receive?_____

Has camper has a tetanus shot in the past five years? Yes_____ No_____

Has the camper ever had hepatitis? Yes_____ No_____

Has the camper ever had a history of behavioral or emotional problems? Yes_____ No_____

(Describe on a separate piece of paper)

CIRCLE THOSE THAT APPLY AND EXPLAIN AS NECESSARY:

Allergies	Ear Infections	Poison Ivy	Bronchitis
Asthma	Eye/Vision Problem	Ear/Hearing Problem	Hypertension
Learning Disability	Braces	Fainting	Vegetarian
Nose Bleeds	ADHD	Anxiety	Insect Stings
Bleeding/Clotting Disorder	Depression	Heart Defect/Disease	Diabetes
Homesickness	Bed Wetting	Sleep Disorders/Walking	Swimmers Ear
Convulsions/Epilepsy	Other_____	_____	_____

Explanation:_____

Chronic or reoccurring illness:_____

Disabilities:_____

Limitations or suggestions regarding activities:_____

Any other condition requiring medication, special care, or special diet:_____

Is there any other information about the camper that we should know in seeking to best minister to his/her needs at camp? (i.e. first time away from home, etc.)_____

Parent Authorization: This health history and other information requested are accurate to the best of my knowledge. The child herein described has permission to engage in all prescribed camp activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp Health Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I have read and fully understand this statement.

Parent/Guardian Signature:_____ Date Completed_____

Relationship to the camper:_____