

Fox Mountain Guides Summer Camp

Medical History and Release

Name of child _____ Birthdate _____ Sex _____ Age _____

Parent/Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Emergency Contact (other than parent) _____

Home address _____ Phone _____

Business address _____ Phone _____

HEALTH HISTORY (check if your child has ever had any of the following medical complications)

- _____ Frequent ear infections
- _____ Diabetes
- _____ Epilepsy
- _____ Mononucleosis

ALLERGIES:

- _____ hay fever
- _____ asthma
- _____ poison ivy
- _____ penicillin
- _____ insect stings
- _____ other drug

Operations or serious injuries (dates): _____

Any specific activities to be encouraged or limited by physician: _____

Dietary modifications: _____

Current medications (send instructions): _____

Child's pediatrician: _____ Phone _____

Date of last physical exam: _____

Medical insurance company: _____ policy/group # _____

Other _____

IMPORTANT – This box must be completed for attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the director to order X-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. This form may be photocopied for outside use.

Signature of parent/guardian or adult: _____ Date: _____