Camper Insurance Information

☐ Please check here if not covered by health insurance

Name of Company: _____Policy/Group#: _____

City, State: _____ Insurance Co. Phone _____

Camper Medical Information

Camper has had the following (include the year occurring):

☐ Anemia	☐ Asthma	☐ Bronchitis	☐ Chronic Intestinal Problems
☐ Chicken Pox	☐ Chorea	☐ Sinusitis	☐ Venereal Disease
☐ HIV Positive	☐ Diphtheria	☐ Eczema	☐ Speech Defect
☐ Scarlet Fever	☐ Epilepsy	☐ Frequent Colds	☐ Whooping Cough
☐ Hay Fever	☐ Hives	☐ Diabetes (Insulin)	☐ Diabetes (Non-Insulin)
☐ Kidney Disease	☐ Rubella	☐ Rheumatic Fever	☐ Frequent Sore Throats
☐ Hearing Problems	☐ Malaria	☐ Measles	☐ Inflammatory Bowel
☐ Jaundice/Hepatitis	☐ Mumps	☐ Mononucleosis	☐ Orthopedic Problems
☐ Operations	☐ Pneumonia	☐ Otitis Media	☐ Rheumatoid Arthritis
☐ Malignancy	☐ Polio	☐ Tuberculosis	☐ Other: _____

Date of last Tetanus shot (Must be within the last 10 years): _____/_____/_____

Name of Physician: _____ Phone Number: _____

Special medical problems, conditions or restrictions:

_____

_____

Please list all medications:

_____

_____

(State law requires that all medications be given to the camp nurse. All prescriptions must be in the original container and prescribed to the person taking them.)

Please check all that camper is allergic to: ☐ Penicillin ☐ Sulfa ☐ Aspirin ☐ Other: _____

Any food allergies/Special diet needs? ☐ Yes ☐ No

If yes, please explain: _____

Is camper troubles with bed-wetting? ☐ Yes ☐ No

Able to pursue all normal athletic activities? ☐ Yes ☐ No

If no, please explain: _____