

CAMPER MEDICAL FORM

Please print clearly. One registration and medical form per camper.

Camper's Name _____ M F Birthdate / /
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Alternate Phone _____
 E-mail _____
 Parent's Name _____

Medications None

Name _____ Dosage _____ Times Given _____
 Reason _____
 Name _____ Dosage _____ Times Given _____
 Reason _____
 Name _____ Dosage _____ Times Given _____
 Reason _____
 Physical Problems or Limitations None _____

CHECK ALL THAT APPLY
ILLNESSES
 None
 Asthma
 Seizure Disorder
 Diabetes
 Recent Injuries
ALLERGIES
 None
 Antibiotic Ointment
 Bee Stings
 Penicillin
 Other

Physician and Insurance

Personal Physician None _____ Office Phone _____
 Insurance Company None _____ Policy Number _____
 Policy Holder _____ Date of Last Tetanus Shot / /

Please Note: All medication needs to have written instructions from physician or parent and come in the original container. Please send one extra day's medicine for the week. For patients with asthma, please send a written asthmatic plan or doctor's directive so that the nurses and counselors know how to help the camper participate as fully as possible and still manage his asthma.

Medical Statement

I give Camp Joy my consent to secure any necessary medical treatment for my child during the camping period. I also authorize any qualified physician to render treatment he or she deems necessary upon consultation with the camp staff. I realize my insurance will be billed for any medical treatment as the primary coverage for my child. I authorize the healthcare staff of Camp Joy to dispense my child's prescribed or over-the-counter medicine. I authorize the healthcare staff to treat minor injuries and administer over-the-counter medication as indicated during my child's stay at camp. I understand if my child has a communicable disease, sickness, or lice and/or nits, camp reserves the right to take appropriate precautions, including dismissal. I certify that the above information is complete and correct to the best of my knowledge.

Parent or Guardian Signature _____ Date _____

AUTHORIZED SIGNATURE REQUIRED

To ensure accommodations, register as soon as possible.

Please fill out both forms and include authorized signature on medical form.

Phone (262) 473-3132 Fax (262) 473-0941 E-mail: staff@campjoy.org Website: www.campjoy.org