

Arrowbear Music Camp - HEALTH FORM

TO BE FILLED IN BY PARENT/GUARDIAN OF MINORS OR BY ADULT CAMPER/STAFF

Name	Birth Date	Sex	Age
Parent/Guardian (or Spouse)	Phone ()	Wk. Phone ()	
Home Address		Mobile # ()	
Second Parent/Guardian or Emergency Contact			
	Phone ()	Wk. Phone ()	Mobile # ()
If none available in emergency, notify:		Phone ()	
	Relationship:	Mobile # ()	

HEALTH HISTORY- Date of most recent immunizations and health conditions

DPT or DT	Polio	Measles	Mumps	Rubella
Diabetes	Respiratory (Lung) Problems		Heart Problems	Seizure Disorder
Bleeding Disorder	Allergies (list)			
Any serious illness, operations or injuries?				
Chronic or recurrent conditions?				
Special dietary/activity restrictions				
Females- Menstrual history	Date of Onset	Any Problems		
Medications taken during period				

On the back of this form please list all **current medications**. Specify condition treated, name of medication, dose, amount and times to be administered. 

All medications brought to camp, including over the counter drugs, must be administered by camp health personnel. All medicines must be in proper containers and correctly labeled or they will not be administered.

MEDICAL CARE INFORMATION - Please attach to this form a photocopy of Health and Dental Insurance cards

Physician Name	Phone ()
Address	
Date and reason for last physician visit	
Dentist/Orthodontist Name	Phone ()
Health Insurance Carrier	Policy Group #
Treatment authorization number for HMO's	

HEALTH/TREATMENT AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-Rays, routine tests and treatment for me/my child, and in the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and /or anesthesia, and/or surgery for me/my child as named above. This form may be photocopied for use out of camp. I agree to hold harmless Arrowbear Music Camp and its staff for any injury incurred to my child as a result of his/her participation.

Signature of Parent/Guardian or adult Camper/Staff _____ Date _____

BRING THIS FORM TO CAMP WITH YOU ON YOUR FIRST DAY