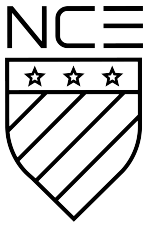

MEDICAL AUTHORIZATION FORM RESIDENTIAL CAMP

Camper Information

- Name: _____
- Date of Birth: _____
- Home Address: _____
- City: _____ State: _____ Zip: _____
- Parent/Guardian Name: _____
- Home Phone: _____ Cell Phone: _____
- Emergency Contact Name: _____
- Emergency Contact Phone: _____
- Physician/Healthcare Facility Name: _____
- Physician/Healthcare Facility Phone: _____ Health History Immunization Record:

• DTP (Diphtheria, Tetanus, Pertussis): Date: _____

• Polio: Date: _____

- MMR (Measles, Mumps, Rubella): Date: _____
- Hepatitis B: Date: _____
- Varicella (Chickenpox): Date: _____
- Tetanus (Most recent): Date: _____

Allergies:

- Food Allergies: _____
- Medication Allergies: _____
- Environmental Allergies: _____

Current Medications:

Medication Name: _____

- Dosage: _____
- Frequency: _____
- Reason for Medication: _____
  Pre-Existing Conditions:
-
- Special Restrictions or Considerations:
-
- Recent Illnesses or Injuries (within the last year):
-
- Other Health Concerns:
-

Authorization and Consent
I, the undersigned parent/guardian, authorize the camp health staff to provide routine health care, administer prescribed medications, and seek emergency medical treatment for my child if necessary. I also authorize the release of any medical information needed for my child's care.

- Parent/Guardian Signature: _____
- Date: _____

Emergency Medical Treatment Consent

In case of an emergency, I hereby authorize the camp staff to seek and provide medical treatment for my child, including hospitalization, surgery, and any necessary medical procedures.

- Parent/Guardian Signature: _____
- Date: _____
- Medication Administration Authorization
  I authorize the camp's health staff to administer the following medications to my child:

• Medication Name: _____

- Dosage: _____
- Frequency: _____
- Reason for Medication: _____
- Parent/Guardian Signature: _____
- Date: _____

- Additional Information for Health Staff
  Any other important information health staff should know about the camper:

  By signing below, I acknowledge that I have provided accurate and complete health information for my child and consent to the camp's health policies and procedures as outlined.

- Parent/Guardian Signature: _____

- Date: _____

Health Care Provider's Assessment (to be completed by a licensed healthcare provider)

Camper's Name: _____ Physical Examination:

- Height: _____ cm/in

- Weight: _____ kg/lb

- Blood Pressure: _____

- Pulse: _____

- Vision: Right: 20/_____ Left: 20/_____

- Hearing: Right: _____ Left: _____
  General Health Assessment:

- Normal: _____

- Abnormal Findings: _____
  •
  Are there any health concerns that would limit this camper's participation in camp activities?
  • No

• Yes (Please explain): _____ •

Recommendations and Restrictions:

- Dietary: _____
- Activity Restrictions: _____
- Medications (if not listed above): _____
- Additional Health Care Needs: _____ •
  Healthcare Provider's Information:
- Name: _____
- Signature: _____
- Date: _____
- Phone: _____
- Address: _____