

**JBM Medical Form 2011**

All campers and staff are required to present this form, fully completed, before participating in the JBM camp program. Please write in blue or black ink. This form may be turned in with the registration form or at a later date. Please have it turned in at least 2 weeks before the camp date.

Camp Session Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

If parent/guardian named above is not available in the event of an emergency, notify:

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of family physician: \_\_\_\_\_

Office phone: \_\_\_\_\_

**Insurance information:**

Is this camper covered by medical insurance? Y N If yes, name of insured member

\_\_\_\_\_ Policy or Group # \_\_\_\_\_

Provider/Carrier \_\_\_\_\_

Describe any medical problems for which treatment is or might be necessary while at camp, including any prescription or over-the-counter medications to be taken (please state dosages required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any previous serious illness, operations, or injuries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

~~Important! Please notify JBM if your child has been exposed to any communicable disease during the three weeks prior to his/her coming to camp.~~

Check any of the following problems the camper/staff has now or has had in the past:

Allergies\_\_\_\_\_ Convulsions\_\_\_\_\_ Bleeding problem\_\_\_\_\_ Heart problem\_\_\_\_\_  
Asthma\_\_\_\_\_ Pneumonia\_\_\_\_\_ Bowel problem\_\_\_\_\_ Sleeping disorder\_\_\_\_\_  
Insect sting reaction\_\_\_\_\_ Concussion\_\_\_\_\_ Diabetes\_\_\_\_\_ Frequent Nosebleeds\_\_\_\_\_

Explanation of any items checked above: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the staff or directors of JBM to dispense Tylenol or Benedryl, if needed.

Signature of Parent/Guardian (Only if permission is given): \_\_\_\_\_

In Case of Emergency: I understand that every effort will be made to contact the parent/guardian of a camper or minor staff, or the next of kin of an adult staff member, in case of a medical emergency. In the event that such attempts are unsuccessful, I hereby authorize the staff of Joseph Badger Meadows Camp and Conference Center, to obtain emergency medical care for the person identified in this form, and I hereby authorize the physician and/or hospital selected to pro-vide emergency treatment (including hospitalization, anesthesia, surgery, or injections or medicine) for the person identified in this form.

Signature \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Date \_\_\_\_\_

Camper Social Security Number \_\_\_\_\_

