

MEDICAL FORM for 2007

All campers and staff are required to present this form, fully completed before participating in the JBM camp program. All entries should be typed or printed in ink. This form may be sent with the registration form or at a later date. We would like to have this form at least 2 weeks before the camp session.

Camp Session Attending _____

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Name of Parent/Guardian _____

Address (if different from above) _____

Home Phone _____ Work 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? _____

If yes, name of insured member _____

Policy or Group # _____

Provider/Carrier _____

Medical Information

Describe any medical problems for which treatment is or might be necessary while at camp, including any prescription or over-the-counter medicines to be taken.
(Please state dosage required)

Describe any previous serious illness, operations, or injuries.

Describe any needed restrictions on activities or special diet.

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 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, in case of a medical emergency. In the event that such attempt is unsuccessful, I hereby authorize the staff of Joseph Badger Meadows Camp & 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 provide emergency treatment (including hospitalization, anesthesia, surgery, or injections or medicine) for the person identified in this form.

Signature _____

Relationship to camper _____ Date _____

Camper's Social Security # _____

NOTARIZED SIGNATURE REQUIRED (There will be a notary at registration if needed)

Camper's Name