Parents' Medical Form for Masquebec Hill (Please complete both sides of the page)

Camper's Full Name (First, Middle, Last, Suffix) | Preferred First Name/ Nick Name | DOB (Month/Day/Year)

Address: | Telephone:

Father

Full Name
Home Address
Home Phone
Cell Phone
Occupation
Work Address
Work Phone
Temporary Address During Son's Camp Stay
Dates
Temporary Phone

Mother

Full Name
Home Address
Home Phone
Cell Phone
Occupation
Work Address
Work Phone
Temporary Address During Son's Camp Stay
Dates
Temporary Phone

Alternate Contact in the event of an Emergency

Name | Relationship
Address | Phone
Alternate Phone

Medical Treatment at Camp

Prescription Medications: These prescriptions will be brought to Camp and need to be administered to my son.

Name of Medication	Medical Condition	Dose	Schedule
1.			
2.			
3.			

OTC Medications: The following common over-the-counter medications are routinely used at Camp to treat minor injuries and symptoms. Please mark through any that may NOT be administered to your son:

- •Tylenol (Acetaminophen)
- •Motrin/Advil (Ibuprofen)
- •Benedryl (Diphenhydramine HCl)
- •Sudafed (Pseudoephdrine HCl)
- •Imodium AD (Loperamide HCl)
- •Hydrocortisone Cream (1%)
- •Neosporin Ointment/Cream
- •Triple Antibiotic Ointment/Cream
- •Robitussin (Dextromethorphan HBr)
- •Pepto-Bismol
- •Hydrogen Peroxide
- •Lotrimin (Butenafine HCl)

Allergies & Asthma (Please Check (√) one box on each line.)

REACTION	STRONG	MILD	NONE	UNKNOWN	Remarks/Medications
Foods					
Seafood					
Peanuts					
Milk/Dairy					
Gluten					
Other					
Insect Sting (Bee, Wasp, etc.)					
Poison Ivy, Oak, Sumac, etc.					
Hay Fever, Pollen, etc.					
Molds, Mildew, Spores, etc.					
Medications					
Penicillin					
Sulfa Drugs					
Serum Based Vaccines					
Egg Based Vaccines					
Other					
Asthma					
Exercise Induced					
Allergy Induced					
Other					

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Medical History

Please Check (√) if **Yes**, and give details and dates as appropriate. Attach additional pages if needed.

____ Major Surgery/Operations	_____	Date _____
____ Serious Injuries	_____	Date _____
____ Chronic Diseases	_____	Date _____
____ Disability	_____	Date _____
____ Hospitalization	_____	Date _____
____ Psychiatric Problems	_____	Date _____
____ Clinical Depression	_____	Date _____
____ ADD or ADHD	_____	Date _____
____ Frequent Colds	_____	Date _____
____ Frequent Sore Throat	_____	Date _____
____ Frequent Sinusitis	_____	Date _____
____ Frequent Ear Infections	_____	Date _____
____ Frequent Bronchitis	_____	Date _____
____ Frequent Stomach Upset	_____	Date _____
____ Frequent Constipation	_____	Date _____
____ Frequent Diarrhea	_____	Date _____
____ Kidney Problems	_____	Date _____
____ Bed Wetting	_____	Date _____
____ Fainting	_____	Date _____
____ Dizziness	_____	Date _____
____ Convulsions	_____	Date _____
____ Epilepsy	_____	Date _____
____ Seizures	_____	Date _____
____ Concussion	_____	Date _____
____ Sleep Walking	_____	Date _____
____ Bleeding/Clotting Disorder	_____	Date _____
____ Hypertension	_____	Date _____
____ Circulation Problems	_____	Date _____
____ Heart Defects/Disease	_____	Date _____
____ Tuberculosis	_____	Date _____
____ Diabetes	_____	Date _____
____ Mononucleosis	_____	Date _____
____ Hepatitis	_____	Date _____
____ Chicken Pox	_____	Date _____
____ Measles	_____	Date _____
____ German Measles	_____	Date _____
____ Mumps	_____	Date _____
____ Other Issues		Date _____

Medical Insurance Information

Insurance Company _____ Subscriber Name _____

Address _____ Plan Name _____

Contact Phone _____ Policy/Group # _____

Certifications and Signature

1. I certify that the health history for my son is complete and correct to the best of my knowledge.
2. I hereby grant permission for my son to engage in all camp activities, except as noted on the reverse, or in the Physician's recommendations and/or limitations.
3. In the event that I can not be reached in an emergency, I hereby grant permission to the Physician selected by the Director of Masquebec Hill administer treatment, tests, X-rays, medications, injections, anesthesia, surgery, transportation, hospitalization and any other medical necessity for my son.
4. I hereby give permission for the Director of Masquebec Hill, or his designated representative, to give my son routine medical treatment, and/or over-the-counter medications, except as noted above.
5. I agree to inform the Camp Director if my son is exposed to any communicable disease during the 21 days prior to arriving at Masquebec Hill.
6. A photocopy or digitally scanned copy of this form, including my signature, may be used.

Signature Parent/Guardian _____ Date: _____

(Back of Parents' Form)