

2012 MEDICAL FORM - Mail to: Journey Camp, P.O. Box 60226, Florence, MA 01062

Name of child: _____ Age: ____ Date of birth: _____

Home address: _____

EMERGENCY INFORMATION

PHONE NUMBERS: Give helpful details about the times people can be reached at these numbers:

* First person to contact in case of emergency (**easiest person to reach**):
Name of parent/guardian: HOME WORK CELL

* Second person to contact in case of emergency:
Name of parent/guardian/relative/friend: HOME WORK CELL

* Third person to contact in case of emergency:
Name and relationship: HOME WORK CELL

PLEASE SIGN: I authorize emergency medical care for my child named _____.

Parent signature of agreement: _____

Name of Family Physician or Health Care Provider: _____

*******IMPORTANT*****

Phone Number of Physician/Health Care Provider: _____

HEALTH PLAN/ INSURANCE COVERAGE: _____

MEDICAL INFORMATION - Must be signed by parent or health care provider!

DATE OF PHYSICAL EXAM conducted during preceding 24 months: _____

Allergies?

Any injuries, medical conditions or restrictions?

Other relevant health history?

Required medications?

PLEASE NOTE: In order to administer at camp any medication from home, we will need written authorization from you and clear written instructions. Enclose a letter.

IMMUNIZATION RECORD: (please list dates)

Poliomyelitis	Tetanus	Measles	
Diphtheria	Mumps	Pertussis	Rubella

TUBERCULOSIS TEST RESULT: ____ negative ____ positive date:

Options: Attach photocopy of immunizations from your child's medical records.
Include a letter if you have a religious or medical reason that your child has not been immunized.

IMPORTANT: SIGNATURE of parent or a licensed health care provider: _____