



CAMPBELL
UNIVERSITY

CAMP MEDICAL INFORMATION

This form must be completed and returned in order to participate in camp

Student's Name _____ Dates of Camp _____

Parent's Name _____ Date of Birth _____

Address _____

Father's Phone – Work _____ Home # _____

Mother's Phone – Work _____ Home # _____

Alternate Name, Phone # in Case of Emergency _____

Insurance Coverage Company _____ Group _____

Policy Number _____ Policy Holder _____

Phone # of Insurance Company _____

If there is a known history, please circle:

Allergy to bee stings

Asthma

Epilepsy/Seizures

Dizziness/Fainting

Diabetes/Hypoglycemia

High Blood Pressure

Please list any allergies or other health problems: _____

May we administer any of the following medications and dosages if needed? (circle all that apply to your child):

Pseudoephedrine Yes No 1 or 2

Tylenol Yes No 1 or 2

Advil/Ibuprofen Yes No 1 or 2

Benadryl 25 mg Yes No 1 or 2

Maalox/Antacid Yes No 1 or 2

Pepto Bismol Yes No 1 or 2

My child is on the following prescription or over the counter medication (list medication and dosage): _____

NOTE: Only medications listed on this form may be taken by the minor while at camp unless prescribed by the University Health Services. All medications should be brought in original prescription bottle and will only be administered as directed on bottle unless accompanied by a doctor's note. All medications are to be dispensed through the University Health Services by the nurses on staff.

My child is physically able to take part in all camp activities: Yes No

We strongly recommend a tetanus shot within the last ten (10 years).

Date of last DPT/DT or tetanus booster: _____

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I hereby give permission for my child to be treated at the University Health Services for minor illness or injury. In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by the Camp Director to hospitalize, treat, and provide anesthesia or surgery for my child. My child had a physical within the past two years and has been declared physically able to participate in the camp listed above.

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____

DATE: _____