C.A.S.S. Performing Arts Camp Medical Form

Medical History

Dear Parents: we need your prompt assistance. This form is to be completed by parents/guardians of campers. Campers will not be permitted to attend camp unless this form is completed and returned.

Today's Date_____ **Name**_____ **Birth Date**_____ **Sex**_____ **Age**_____
Last First Initial

Parent or Guardian (or Spouse)_____ **Phone**_____

Home Address_____
Number and Street City State Zip Code

Business Address_____ Phone_____
Number and Street City State Zip Code

Emergency Contact:_____

Home Address_____
Number and Street City State Zip Code

Phone_____ Cell_____
Area Code/Number Area Code/Number

If not available in an emergency, notify:
Name_____ Phone_____

Address_____
Number and Street City State Zip Code

Health History: (Check -giving approximate dates)

				Diseases	
Frequent Ear Infections	____	Psychiatric Treatment	____	Chicken Pox	____
Heart Defect/Disease	____	Mononucleosis	____	Measles	____
Convulsions	____	Asthma	____	German Measles	____
Diabetes	____			Mumps	____
Bleeding/Clotting Disorders	____				
Hypertension	____				

Has this camper ever required any psychiatric counseling or hospitalization?_____
Operations or serious injuries (Dates):_____
Disability or chronic or recurring illness:_____
Any Specific activities to be encouraged or limited by physician's advice:_____
Dietary modifications:_____
Current medications (send with instructions):_____
Other diseases or details of above:_____
Name of dentist/orthodonist:_____ Phone_____
Name of Family physician:_____ Phone_____
Date of last physical examination_____
Do you carry family medical/hospital insurance?_____ If so, indicate:
Carrier:_____ Policy or Group No._____
Suggestions or health related information for camp personnel:_____

(For female camper): Has this camper menstruated? _____ If not, has she been told about it?_____
If so, is her menstrual history normal?_____ Special consideration:_____

Important--A or B must be completed to assist you child in case of an emergency.

A. Permission to provide necessary treatment or emergency care: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency. I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off camp premises.
Signature of parent or guardian_____ Date_____
B. I do not wish to give the camp permission to give emergency care if I cannot be reached.
Signature_____ Date_____