



73 East Valley Brook Road
 Long Valley, New Jersey 07853
 Phone: (908) 876-3429

Office Use Only

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CAMPER MEDICAL HISTORY FORM
 (To Be Completed By Camper's Parent/Guardian and
 Returned to Meadowbrook by April 30, 2008. Please Print.)

G:
B:

Name _____	Date of Birth _____	Height _____
Address _____	Age as of July 1, 2008 _____	Weight _____
City, State, Zip _____	Gender M F	
Father's Name _____	Mother's Name _____	
Father's Home Phone _____	Mother's Home Phone _____	
Father's Work Phone _____	Mother's Work Phone _____	
Father's Cell Phone _____	Mother's Cell Phone _____	

Emergency Medical Information (Circle)

- | | | |
|-------------|---------------------|----------------|
| Asthma | Fainting Spells | Contact Lenses |
| Convulsions | Migraine Headaches | Heart Trouble |
| Diabetes | High Blood Pressure | Bee Stings |

Allergy or reaction to any medicine, food, plants, and/or animal/insect toxin. Yes No (If yes, please explain)

Any other condition that may require emergency or special care, medicine or knowledge? Yes No (If yes, please explain)

Insurance Information

Is the camper covered by family medical insurance? Yes No

If yes, please indicate carrier/plan name and address: _____

Insurance Policy Number: _____

Group Number: _____

Prescription Plan #: _____

Medical History

Does camper take any medication? Y N (If Yes, Explain) _____

Does camper have any health problems? Y N (If Yes, Explain) _____

Is camper currently under medical care? Y N (If Yes, Explain) _____

Has camper been diagnosed with ADD or ADHD? Y N

Does camper take medication for ADD or ADHD during the winter? Y N

Will camper take the same medication for ADD or ADHD during the summer? Y N (If No, Explain) _____

IS THERE DISEASE OF (Past or present history of):

Tetanus	Yes	No	Braces	Yes	No	Urine Infection	Yes	No
Deformity	Yes	No	Retainer	Yes	No	Menstrual Problems	Yes	No
Immune Deficiency	Yes	No	Chest, Lungs	Yes	No	Hernia	Yes	No
Surgery	Yes	No	Heart	Yes	No	Back, Limbs, Joints	Yes	No
Skin, Glands	Yes	No	Heart Murmur	Yes	No	Serious Illness	Yes	No
Eyes, Ears	Yes	No	Rheumatic Fever	Yes	No	Serious Injury	Yes	No
Nose, Sinus	Yes	No	Stomach, Bowels	Yes	No	Behavioral Condition	Yes	No
Teeth, Tonsils	Yes	No	Kidneys	Yes	No	Other (explain below)	Yes	No

Please explain any Yes answers _____

TREATMENT

In the event of a minor medical emergency or illness, the Camp Nurse has my permission to administer the following over the counter medications according to the label instructions, at her discretion: (Please circle)

Cepacol Lozenges	Yes	No	Coca Cola Syrup (for upset stomach)	Yes	No
Acetaminophen (Tylenol)	Yes	No	Maalox Tablets (for upset stomach)	Yes	No
Benadryl Elixir	Yes	No	Tums (for upset stomach)	Yes	No
Motrin/Advil	Yes	No	Midol/Pamprin	Yes	No
Swim Ear Drops	Yes	No	Tylenol Cold	Yes	No

AUTHORIZATION

To the best of my knowledge, the medical history is correct and complete. I know of no reason to restrict camper activity and give my permission for participation in all activities. I give permission for a Meadowbrook Country Day Camp staff member to administer an emergency Epi-Pen if deemed necessary. In the event I cannot be reached in an emergency, I hereby give permission to Meadowbrook Country Day Camp to take my child to the hospital or any outside physician selected by the camp when deemed necessary. Furthermore, I hereby give permission to such hospital or physician to hospitalize, secure treatment for, order x-rays, routine tests and to order injection, anesthesia or surgery for my child named above. I understand that all medical bills for services rendered by anyone other than the camp's medical staff are my responsibility. I authorize the release of any medical information or records related to treatment, referral, billing or insurance purposes related to my child.

I further authorize the camp medical staff to discuss any medical conditions with the Director, his/her designee, or my child's counselor(s) when the medical staff, in its sole discretion, believes such communication to be in the best interest of my child.

Parent or Guardian Signature _____ Date _____