



CBM of SWPA MEDICAL RELEASE FORM

NO camper will be allowed at camp without a signed Health Form

Office Use

TO BE COMPLETED BY THE LEGAL PARENT OR GUARDIAN (PLEASE PRINT)

NAME _____ Age _____ DOB _____ Weight _____

If the child has had any recent medical problems or illnesses we strongly recommend a physician's examination. Physician's medical report, including recommended restrictions, diet, or medicine should accompany this form.

Parent or Guardian _____ Phone # _____ Cell # _____
 Address _____ City/State _____ Zip _____
 Family Physician _____ Physician Phone # _____
 Family Dentist _____ Dentist Phone # _____
 Health Insurance _____ Health Ins ID # _____

In case the Parent or Guardian CANNOT be reached, please notify:

Name: _____ Relation: _____ Home Ph # _____ Cell Ph # _____

HEALTH HISTORY

Check each item	YES	NO	Check each item	YES	NO	Check each item	YES	NO
Sinus Trouble	_____	_____	Seizures	_____	_____	Immunizations	_____	_____
Hay Fever	_____	_____	Mononucleosis	_____	_____	Disabilities/Injuries	_____	_____
Headaches	_____	_____	Hypertension	_____	_____	Operations	_____	_____
Ear Trouble	_____	_____	Bleeding Disorder	_____	_____	Dietary Restrictions	_____	_____
Tonsillitis	_____	_____	Sleepwalking	_____	_____	Food Allergies	_____	_____
Hepatitis	_____	_____	Hernia	_____	_____	Med Allergies	_____	_____
Skin Trouble	_____	_____	Asthma/Lung	_____	_____	Allergy-Insect bites	_____	_____
Heart Trouble	_____	_____	Athlete's feet	_____	_____	Allergy-Poison Ivy	_____	_____
Diabetes	_____	_____	Bed Wetting	_____	_____	Other Allergies	_____	_____

Please explain any YES answers and include treatment, if any: _____

CURRENTLY ON MEDICATIONS? ____ Yes ____ No Medication being brought to camp? ____ Yes ____ No
 (Medications must be in pharmacy container.)

List Meds and give dosage instructions:

Med _____ Dosage: _____
 Med _____ Dosage: _____
 Med _____ Dosage: _____

INDICATE IF PERMISSION IS GRANTED TO ADMINISTER THE FOLLOWING:

Check each item	YES	NO	Check each item	YES	NO	DOSAGE
Sunscreen	_____	_____	Tylenol	_____	_____	_____
Insect Repellant	_____	_____	Motrin	_____	_____	_____
Antibiotic Ointment	_____	_____	Benadryl	_____	_____	_____

Does the camper have any activity restrictions? ____ Yes ____ No

If yes, what? _____

Please read the RELEASE FORM on the back side and sign and date the form.
(Registration will not be accepted without this information.)





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Student Name (print) _____

Parent / Guardian Name: (print) _____

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I also agree to the following statements:

- I hereby give permission to the nurse and personnel selected by the camp director to provide routine health care.
- I give my permission to administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests.
- I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.
- I give permission to the camp to arrange necessary related transportation for my child for medical treatment.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.
- I understand that neither CBM of SWPA nor the insurance company will be responsible for medical treatment or liability resulting from physical conditions existing prior to my child's arrival.
- I hereby release the camp management, directors in charge and their organizations from any and all negligence whether on my part or their part, directly or indirectly, as a result of sickness and/or accident at camp.

Signature of Parent/Guardian _____ Date: _____

Please note below any behavioral issues, traumatic events or other information that would be helpful to the camp staff:
