



BEEC NATURE EXPLORERS CAMP 2009

Medical Form

Please mail with Registration Form and Payment

Camper's Name _____

Age _____ Date of Birth _____

Name of Camp(s) Child is Enrolled in _____

Parent/Guardian's Name _____

Full Mailing Address _____

Actual Street Name and Town _____

Parent/Guardian's Phone (Day) _____ (Evening) _____

Can BEEC use a photographic image of your child for our newsletter/brochure? _____ YES _____ NO

EMERGENCY INFORMATION

Emergency Contact (in case Parent/Guardian is not able to be reached during camp hours):

Name _____ Phone _____

Relationship to child _____

Name of Family Physician _____ Phone _____

Do you carry medical/hospital insurance? _____ yes _____ no

If so, indicate carrier _____

Policy or Group # _____

IMMUNIZATIONS

Are your child's immunizations up to date? Give most recent immunization dates:

Measles _____ Mumps _____ Rubella _____ Polio _____

Date of child's last tetanus shot: _____ Has your child had chicken pox? _____ yes _____ no

SPECIAL NEEDS

Has your child been diagnosed with any sort of behavioral or physical disability? If so, please describe it and suggest strategies you've found effective in handling the disability.

(Please fill out both sides of this form.)

MEDICAL INFORMATION

Does your child suffer from any of the following health conditions? Check if yes, and give approximate dates below.

<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Poison Ivy Reaction	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart disease/ defect
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Cramps	<input type="checkbox"/> Epilepsy/ Seizures
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Psychiatric Treatment	<input type="checkbox"/> Constipation
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Bleeding/clotting disorders	<input type="checkbox"/> ADD/ADHD	
<input type="checkbox"/> Hayfever	<input type="checkbox"/> Food Allergies		
<input type="checkbox"/> Penicillin allergy			

Other Allergies or Health Issues (list) _____

Comments and/or dates from list above _____

Does your child need to carry a bee sting kit? _____ yes _____ no
If so, please be sure s/he brings it to camp each day.

Operations or serious injuries (include dates) _____

Recurring illness or medical condition _____

Current medications (if we need to oversee your child taking medication, please provide details)

CONSENT FORM

This health history is correct to the best of my knowledge, and the person herein described has my permission to engage in all prescribed camp activities except as noted.

Authorization for treatment: I hereby give permission to BEEC camp staff to carry out standard first aid and CPR, and give permission to medical personnel selected by the camp directors to order x-rays, routine tests, and/or treatment, and to release any records necessary for insurance purposes. I give permission to camp staff to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give 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 use at camp by the camp director.

Signature of Parent/Guardian _____ Date _____

Camper Consent: I understand and agree to follow the camp rules: Respect myself, Respect my fellow campers and the staff, and Respect the environment I play and learn in. I understand that if I am not being respectful my ability to participate in the activities will be impacted.

Signature of Camper _____ Date _____