

MEDICAL FORM
St. Thomas Reformed Church
Summer Camp

Name of Child _____ Date of Birth _____ Age _____

Names of Parents/Guardian _____ Phone _____

Physician's Name _____ Phone _____

Significant Family History _____

MEDICAL HISTORY

Significant past illnesses, injuries, operations, physical limitations, disabilities

Allergies

Special Medications

Special Diets

Contagious Diseases (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Scarlet Fever |

Other (please specify) _____

**Immunization & Tests: A copy of immunization card/record must be submitted
with the medical form prior to the first day of camp.**

CONSENT FOR EMERGENCY CARE

I hereby give permission for a certified camp staff member to administer First Aid/CPR, call for transport and/or provide transport to the hospital for my child in the event of a medical emergency. **YES** **NO**

PRINT Parent/Guardian Name

Parent/Guardian Signature

Date