

2011 Milwaukee Friends Children's Peacemakers' Day Camp

Medical Form

Participant's Last Name First Name M.I.

Medical Needs of Participant _____

Dates of Immunizations

Tetanus _____
Chicken Pox _____
Diphtheria _____
Measles _____
Mumps _____
Rubella _____
Polio _____
Hepatitis _____
Influenza _____
Other _____ (Type _____)

Allergies _____

Food Sensitivities or Limitations _____

Other Limitations _____

Childhood Diseases/Injuries with dates _____

History of any medical conditions _____

Behavioral/psychological facts relevant to camp _____

Doctor's Name _____

Medical facility caring for child _____

Address _____

City State Zip Code

Phone number _____

Insurance information _____

Parent or Guardian must fill out and sign either option 1 or 2.

Option 1

In the event of a medical emergency, when a parent or guardian cannot be reached immediately, I authorize the camp staff to approve medical treatment according to their best judgment.

Parent/Guardian Signature Date

Option 2

In the event of a medical emergency, when a parent or guardian cannot be reached immediately, I direct you to contact the following for permission before any treatment is given:

Name _____

Telephone Number(s)

Relationship to child _____

Parent/Guardian Signature Date

Due by the first day of camp, otherwise camper/teen can not participate.