

# Medical History (sibling)

(Please complete a form for EACH camper. Incomplete forms will be returned.)

Child's Name: \_\_\_\_\_ Circle one: Male / Female  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Physician Information and Signature

Name of Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

After Physical Examination, I certify this camper is not contagious and he/she may mix with immune-compromised children. Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Information

Please list two persons to contact in the event we cannot reach you.

1) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
2) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ My child has had chicken pox: YES / NO or SHOT \_\_\_\_\_  
Date

Allergies (drugs, mold, insects, foods, etc.): \_\_\_\_\_

Food restrictions: \_\_\_\_\_

Recent hospitalization/surgery (description & date): \_\_\_\_\_

Medical problems (diabetes, asthma, hay fever, seizures, etc): \_\_\_\_\_

Additional Information (physical disabilities, hearing loss, vision disturbance, etc.): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*Medical needs of our campers will be supervised by pediatricians from Texas Tech University School of Medicine in Amarillo and by an oncology nurse who will reside at camp. If there are any problems not related to routine camp illnesses/injuries, your primary physician will be contacted.*

## Medications

List all medications that will be used at, or taken to, camp:

Drug name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_  
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**The camp nurse will supervise the administration of all medications.** Please send the medications to camp with **written instructions**. Medications will be kept in the infirmary for the safety of all campers and for documentation purposes.

Please list any other information that will help us provide the best camp experience possible for your child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_