



National Writing Project  
in New Hampshire  
*because writing matters*

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**Medical Information Form**

Camp Session: \_\_\_\_\_ Location: \_\_\_\_\_

*Contact Information:*

Camper's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name, relationship, and phone number of persons to contact in case of emergency:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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*Allergies:*

Do you have any allergic reactions (e.g. to bees, drugs, foods, etc.)? Yes \_\_\_\_ No \_\_\_\_

If so, what are they? \_\_\_\_\_

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*Medications:*

Do you take any medications? Yes \_\_\_\_ No \_\_\_\_

If so, what are they? \_\_\_\_\_

What are they for? \_\_\_\_\_

*Chronic Conditions:*

Do you have any chronic illnesses (e.g. diabetes, epilepsy, asthma etc.)? Yes \_\_\_\_ No \_\_\_\_

If so, what are they? \_\_\_\_\_

*Physical Conditions:*

Do you have any physical conditions which might limit your participation in camp activities?

Yes \_\_\_\_ No \_\_\_\_

If so, please describe. \_\_\_\_\_

(We will walk across campus to use computer labs. We may go on short hikes around campus.)

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*Medical History:*

Have you been treated by a physician in the past year? Yes \_\_\_\_ No \_\_\_\_

Have you been hospitalized? Yes \_\_\_\_ No \_\_\_\_

Please explain: \_\_\_\_\_

*Physician:*

Name of Primary Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Medical Insurance:*

By what insurance company are you covered? (If possible, please include your ID number):

\_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**This form is the property of the National Writing Project in New Hampshire and is a confidential record. Only the instructors and staff of the camp have access to this information.**

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