

Medical Information Form

Camp Session: _____

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) _____

Allergies:

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

If so, what are they? _____

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.)

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: _____

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