

# CAMP SAINT ANDREWS MEDICAL FORM

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents \_\_\_\_\_ Other Phone \_\_\_\_\_

In Case of Emergency and parents can not be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Whose Insurance coverage (Mom/Dad/Guardian) \_\_\_\_\_

Name of employer/group coverage \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

Does/Has Camper have/had any of the following:

Chicken Pox \_\_\_\_\_ Headaches \_\_\_\_\_ Home Sickness \_\_\_\_\_

Diarrhea \_\_\_\_\_ Bedwetting \_\_\_\_\_ Fainting \_\_\_\_\_

Sleepwalking \_\_\_\_\_ Other \_\_\_\_\_

List any allergies \_\_\_\_\_

**List any Medications** \_\_\_\_\_

How often and when are medications taken \_\_\_\_\_

Why is medication needed \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Does camper wear contacts? \_\_\_\_\_

Is this the first time sleeping away from family? \_\_\_\_\_

What else should we know about your camper?

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