

**MPBC CHILDREN'S CAMP
MEDICAL AND MEDIA RELEASE FORM**

This form is effective from the time the minor arrives at camp until the time the minor leaves camp to go home.

(Continuation of Parental Consent & Release of Liability)

MEDICAL INFORMATION

CAMPER'S FULL NAME: _____

Medical Insurance Company: _____

I do not have insurance coverage. If uninsured, the parent is responsible any Medical Expenses incurred by the above named child.

<u>Primary Physician</u>		<u>Phone ()</u>			
<u>Medical History</u>					
Asthma	N Y	Vision Problems	N Y	Learning Disabilities	N Y
Diabetes	N Y	Hearing Problems	N Y	Retainers	N Y
Migraine Headaches	N Y	Sleepwalking	N Y	Anorexia	N Y
Bleeding Disorder	N Y	Glasses	N Y	ADD/ADHD	N Y
Skin Disorder	N Y	Hearing Aids	N Y	Food Allergies	N Y
Genetic Disorder	N Y	Bone/Joint Problems	N Y	Bulimia	N Y
Ear/Sinus Infections	N Y	Contact Lenses	N Y	Insect Allergies	N Y
MRSA	N Y	Mental Problems	N Y	Other Allergies	N Y
Seizures	N Y	Menstrual Problems	N Y	Immunizations	N Y
Physical Disabilities	N Y	Emotional Disorders	N Y	Use epi pen?	N Y
Motion Sickness	N Y	Braces	N Y	Heart Disease	N Y
Bed Wetting	N Y	Eating Disorders	N Y	Current?	N Y

Please explain any "Yes" answers: _____

Other medical problems not listed: _____

Date of last tetanus immunization: _____ Date of last physical exam: _____

NO YES THE CAMP NURSE HAS MY (OUR) PERMISISON TO PROVIDE CAMPER WITH NON-PRESCRIPTION MEDICINES AS DEEMED NECESSARY. Non prescription medications not to be given: _____

NO YES CAMPER HAS PHYSICAL CONDITIONS OR LIMITATIONS THAT WOULD RESTRICT PARTICIPATION IN ANY CAMP ACTIVITIES. If yes, please explain _____

At least one legally responsible parent/guardian is required to sign below.

1. Parent/Guardian Signature _____ Date _____
2. Parent/Guardian Signature _____ Date _____

****PLEASE ENCLOSE A COPY FRONT & BACK OF YOUR INSURANCE CARD****

REGISTER NOW