

HƯỚNG ĐẠO TRƯỞNG NIÊN BÁCH HỢP V MEDICAL CONSENT

Please complete all pages and sign this medical consent form.

Camper Last Name _____ First Name _____

Birthdate (DD/MM/YYYY) ____ / ____ / _____ Male Female

Best E-mail _____ Home Phone _____ Cell Hone _____

Camper Address _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone _____

INSURANCE/DOCTOR INFO:

Health Insurance Co. _____

ID/Policy No. Group No. _____

Name of Primary Care Physician Phone _____

Date of last physical (current) _____ Height _____ Weight _____

List any medications the camper is currently taking:

Medication	Dosage	Instruction
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any food and/or drug allergies of the camper:

What kind of reaction?

Has camper had a tetanus shot in the past five years? Yes No

Has camper ever had hepatitis? Yes No

Does camper have a history of behavioral or emotional problems? Yes No

Has camper ever had complete hepatitis shots ? Yes No

Has camper had Tuberculosis test ? Yes No.

If yes, please describe:

CHECK BOX THOSE THAT APPLY AND EXPLAIN AS NECESSARY

- ADHD
- Bronchitis
- Eye/Vision Problem
- Learning Disability
- Allergies
- Concussion
- Fainting
- Nose Bleed
- Anxiety
- Convulsions/Epilepsy
- Heart Defect/Disease
- Poison Ivy
- Asthma
- Depression
- Homesickness
- Sleep Disorders/Sleepwalking

- Bedwetting
- Diabetes
- Hypertension
- Swimmer's Ear
- Bleeding/Clotting Disorder
- Ear Infections
- Insect Stings
- Braces
- Ear/Hearing Problem
- Other Medical Conditions
- Allergies (dust, pollen and foods like seafoods...)
- History of heart attack even minor one.
- History of diabetes (border line hay chronic)

Explanation of above:

Disabilities:

Limitations or suggestions regarding activities:

Any other special needs, special care, or special diets:

Is there any other information about the camper that we should know?

MEDICAL CONSENT AND AUTHORIZATION: In the event of an emergency or non-emergency situation requiring medical treatment of the camper during attendance at the camp, I give the Camp Health Leaders my consent and authorization for all medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of the camper, including but not limited to administration of first-aid, use of an ambulance, x-ray examination, administration of anesthesia, surgery and hospitalization.

Camper Signature _____ Name (print) _____ Date _____