

Medical Form



This completed **Medical form AND **Registration** form must be received by July 18, 2014**

[Please print]

Child's Full Name: _____

Family Physician: _____ Phone _____

Health Insurance Company & I.D.# _____ Date of last Tetanus Immunization: _____

- Does this child have any known physical, mental, or social difficulties for which special consideration may be needed?

- Does this child have any known allergies? (Please List)

| <u>ALLERGY:</u> | <u>REACTION:</u> |
|-----------------|------------------|
| Animals | |
| Food | |
| Drug(s) | |
| Plants | |
| Insects | |
| Other | |

Will child be bringing medication to camp? If yes, please indicate medication name and timeframe (morning, lunchtime, etc.) that it is to be administered by our staff

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MEDICAL EMERGENCY

In case of a medical emergency, your child will be transported to the nearest appropriate medical facility unless you indicate your preference at the bottom of this form. After every reasonable effort has been made to contact parent/guardian, or one of the alternative contacts named below, I hereby give my permission for the physician to provide appropriate medical treatment, including hospitalization and surgery if necessary, for my child.

- **PLEASE PRINT CLEARLY** the names of two alternative contacts whom you authorize to act on your behalf in case you cannot be reached in an emergency:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian's Name **(please print clearly)**

Parent/Guardian's Signature

Date

| Parent/Guardian's Name | Home Phone | Work Phone | Cell Phone | Pager |
|------------------------|------------|------------|------------|-------|
| | | | | |
| Other Parent's Name | Home Phone | Work Phone | Cell Phone | Pager |
| | | | | |

Completed Registration form AND Medical Information must be received by JULY 18, 2014

Generations of Life Community Bereavement Center

...A Service of Hospice of Miami County

P.O. Box 502

Troy, Ohio 45373

(937) 573-2100

www.HospiceOfMiamiCounty.org

Generations of Life
*...Your Community Bereavement
Resource Center*
Hospice of Miami County, Inc.

