

GYC2 MEDICAL FORM FOR CRAGMONT ASSEMBLY

CAMPER'S FULL NAME: _____ DOB: _____ AGE _____

HOME PHONE: (____) _____ SEX: _____ SOCIAL SECURITY #: _____
(NOTE: SOCIAL SECURITY # IS FOR MEDICAL EMERGENCIES ONLY AND WILL NOT BE GIVEN OUT OTHERWISE!)

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAMILY DOCTOR/PRACTICE NAME: _____ PHONE: _____

MOTHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

INSURANCE INFORMATION / PARENT OR LEGAL GUARDIAN CONSENT

By my signature, I understand and agree to the following:

Costs for all treatment/medicine will be the responsibility of the parent/legal guardian. Campers are covered by camp insurance with secondary coverage from the time they board their unit of transportation until they return to their terminal; however, this will only cover accidents. Secondary coverage pays after my insurance. I have provided this insurance information in the event that my child should need treatment by a physician/hospital:

**WE MUST HAVE A COPY OF ALL INSURANCE CARDS, FRONT AND BACK
(THIS INCLUDES MEDICAID CARDS)**

PRIMARY INSURANCE INFO:

COMPANY NAME: _____

INSURED CARDHOLDER'S NAME: _____

SSN: _____ DOB: _____

SUBSCRIBER #: _____

POLICY #: _____ GROUP #: _____

SECONDARY INSURANCE INFO:

COMPANY NAME: _____

INSURED CARDHOLDER'S NAME: _____

SSN: _____ DOB: _____

SUBSCRIBER #: _____

POLICY #: _____ GROUP #: _____

EMERGENCY CONTACTS:

(1) NAME & RELATIONSHIP TO CAMPER: _____

HOME PHONE: _____ WORK PHONE OR CELL: _____

(2) NAME & RELATIONSHIP TO CAMPER: _____

HOME PHONE: _____ WORK PHONE OR CELL: _____

PERMISSION TO TREAT

If a camper requires confinement for illness for twenty-four (24) hours or more, the parent/legal guardian will be notified to pick up the camper. It is my responsibility not to send a sick child to camp. If my child has fever and/or any contagious condition the first day of camp, I am instructed not to send him/her to camp. I will be asked to come to Cragmont Assembly to pick up my child if he/she is deemed sick with a contagious condition. All possible care will be used to prevent any accident and assigned adults will be responsible to see that any camper who gets sick or injured receives proper attention. I will be notified of any serious illness or accident.

I hereby give permission to Cragmont Assembly, Incorporated and its authorized representative to consent for medical/surgical treatment for the above named camper (my minor child) as is deemed necessary.

Parent/Legal Guardian signature: _____

PRINT name: _____ Date signed: _____

PERSONAL HISTORY AND INFORMATION

ALLERGIES: (PLEASE BE SPECIFIC) _____

DRUGS: _____ FOODS: _____

SEASONAL: _____ INSECT BITES: _____

DATE OF LAST TETNUS SHOT: _____

DOES CAMPER NEED A SPECIAL DIET: _____ IF SO, PLEASE GIVE SPECIFIC INSTRUCTIONS: _____

LIST ANY MEDICATIONS CAMPER IS CURRENTLY TAKING – OVER THE COUNTER (OTC) AND PRESCRIPTION: _____

PLEASE DO NOT SEND OTC MEDICATIONS WITH YOUR CHILD, THEY WILL BE PROVIDED AS NEEDED.

LIST ANY OTC MEDICATIONS YOU **DO NOT** WANT YOUR CHILD TO RECEIVE: _____

IS THERE A HISTORY OF ANY OF THE FOLLOWING DISEASES IN THE CAMPER'S FAMILY (PARENTS, SIBLINGS AND / OR GRANDPARENTS)? (PLEASE CHECK ALL THAT APPLY)

_____ DIABETES _____ HIGH BLOOD PRESSURE _____ HEART TROUBLE _____ CANCER

_____ OTHER HEREDITARY DISEASE (SPECIFY:) _____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO THIS CAMPER:

- _____ ANXIETY
- _____ ARTHRITIS
- _____ BREATHING PROBLEMS (ASTHMA, ETC.)
- _____ CANCER
- _____ DEPRESSION
- _____ DIABETES
- _____ DIZZINESS
- _____ FRACTURES
- _____ HEADACHES
- _____ HEART PROBLEMS (MURMURS, ETC.)
- _____ HIGH BLOOD PRESSURE
- _____ HYPERACTIVITY
- _____ INFECTIOUS DISEASE (TB, HEPATITIS, ETC.)
- _____ JOINT PROBLEMS
- _____ KIDNEY / BLADDER PROBLEMS (UTI, BEDWETTING, ETC.)
- _____ LIVER PROBLEMS
- _____ MENSTRUAL PROBLEMS
- _____ SEIZURES
- _____ SKIN PROBLEMS
- _____ SLEEPWALKING
- _____ STOMACH PROBLEMS
- _____ STREP THROAT
- _____ THYROID PROBLEMS
- _____ TONSILLITIS
- _____ VISION / HEARING PROBLEMS

PLEASE EXPLAIN ANY CHECKED ANSWERS:

PREVIOUS HOSPITALIZATION / SURGERIES / PROCEDURES: _____

DOES THIS CAMPER HAVE ANY PHYSICAL LIMITATIONS? _____ IF YES, PLEASE BE SPECIFIC: _____

