

Sing Minnesota 2011

Medical and Health Information Form

PLEASE NOTE: This form **must** be on file by the first morning of camp in order for your child to participate.

Camper's name _____ Age _____ Birth date _____

Parent name(s) _____

Address _____

Does the child have medical insurance coverage? _____

Please list type of plan, company, and policy number(s)

Does the child have any drug or food allergies? _____

If yes, please give pertinent details: What drugs or foods? What type of reaction occurs? How long ago did the reaction occur?

Is the child allergic to bee stings? _____ If yes, what happens if child is stung? _____

HISTORY: If the child has had the following diseases and/or conditions, please give the approximate dates of occurrence:

Chicken Pox _____
German Measles _____
Measles _____
Poliomyelitis _____
Whooping Cough _____
Allergies/Hay fever _____

Convulsive disorder _____
Diabetes _____
Strep infection _____
Rheumatic fever _____
Asthma _____

Does the child have any other medical conditions which may limit his or her participation in any camp activities, or which should be of special concern to the staff? _____ If yes, please explain in detail. _____

IMMUNIZATIONS: Please list dates (or indicate they're up to date)

DPT _____

DPT Booster _____

Polio vaccine _____
Mumps _____
Measles _____
Rubella _____

Tuberculin Test: Type _____ Date _____ Result _____

Name of physician _____ Phone _____