

**Cabin Leader/CLA
Medical Form
(Please print clearly)**

This form is to be completed and brought with each cabin leader and CLA.

Cabin Leader or CLA's Name

Social Security Number

Date of Birth

Home Address

City

St

Zip

E-Mail

(_____) _____
Home Phone

(_____) _____
Parents/spouse Cell Phone

Parents Work Phone

Custodial Parent/Guardian/Spouse

Parents Work Phone

Custodial Parent/ Guardian/Spouse Address

City

St

Zip

If not available for emergency, notify

Emergency Contact Person

Relationship to Camper

(_____) _____
Emergency Contact Phone Including Area Code

(_____) _____
Emergency Contact Cell Phone Including Area Code

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE. (Please read carefully).
Your Signature below means that you give this permission:**

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the camper named above. This complete form may be photocopied for this trip outside of camp grounds.

**INSURANCE INFORMATION
(Your child will not be admitted to the event without this information)**

Is the Cabin Leader/CLA covered by medical/hospital insurance? Yes No

If so, indicate carrier or plan name. _____ Group No. _____

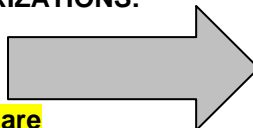
Name of insured _____ Relationship to camper _____

Social Security No. of policy holder or insured ID no. _____

PARENT/GUARDIAN/SPOUSE AUTHORIZATIONS:

You Must sign this form in the box to the right if the cabin Leader or CLA is under 18 yrs of age. By signing, you are stating the following:

- The health history is correct and complete as far as I Know.
- The Cabin Leader/CLA named above has permission to engage in all camp activities except as noted elsewhere on back of this form.



**PARENT/GUARDIAN SIGNATURE REQUIRED:
(Your child will not be admitted to event without your signature)**

Parent/Spouse Signature

Parent/Spouse Signature Printed

Witness Signature

(Over, Please)

Cabin Leader/CLA Name:

Immunizations

You must supply all immunization, information, including dates, for camper to be admitted to the event.

Vaccine For:	Dates:			
	Mo./Yr.	Mo./Yr.	Mo./Yr.	Mo./Yr.
DTP (
Tetanus				
Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Haemophilus				
Hepatitis B				
Varicella (Chicken Pox)				

Check which of the following diseases the camper has already had:

Measles

Chicken Pox

German Measles

Mumps

Hepatitis

Has the camper had a TB Mantoux Test?

Yes

No

If yes, date of last test: _____

Result:

Positive

Negative

Enter date of Counselor/CIT last physical exam _____

General Questions (use space below or an additional sheet of paper to explain "yes" answers.)

<i>Has the Cabin Leader/CLA:</i>	Yes	No
Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
 <i>Does the camper:</i>	 <input type="checkbox"/>	 <input type="checkbox"/>
Wear lasses, contacts or positive eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
Have a chronic illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Have a history of bedwetting?	<input type="checkbox"/>	<input type="checkbox"/>
Have a problem with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
If female, have a abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>

Medical Care Providers

Name of Family Physician

Phone with area code

Address

Name of Family dentist/orthodontist

Phone with area code

Address

Use this space to provide any medications and additional information about the Cabin Leader/CLA behavior and physical, emotional, or mental health about which the camp should be aware.
