



GRADE: _____

MEDICAL INFORMATION CARD

432 Winauke Rd., Moltonboro, NH 03254; office (800) 487-9157; cell (203) 913-6157

**RECENT CAMPER
PHOTO**

(Passport Photo
Preferred)

Camper's Last Name _____ **First Name** _____

Parent/Guardian Name _____

Primary Phone Number _____ **Alternate Phone Number** _____

List your child's dietary needs / restrictions _____

List your child's allergies _____

Please list any important medical information we need to know about your child _____

Camper Date of Birth _____ Age _____ Home Phone _____

Emergency Contact Name _____ **Primary Phone Number** _____

Address _____ Town _____

City _____ State _____ Zip _____

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



Mother's Alternate Phone Number _____ Father's Alternate Phone Number _____

Physician's Name / Office _____ Phone Number _____

Name of Family Medical Insurance _____ Policy / Group Number _____

Date of last TETANUS Immunization _____

List any of your child's dental issues that we should be aware of _____

Dentist / Orthodontist _____ Phone Number _____

I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I do do not give permission for the camp nurse to administer Tylenol (acetaminophen) if necessary.

I do do not give permission for the camp nurse to administer Advil (ibuprofen) if necessary.

Signature of Custodial Relationship

Parent / Guardian _____ **Date** _____