



Medical Form

Child

Last Name: _____ First Name: _____
 Sex: M F Date of birth: MM / DD / YYYY Age in July: _____
 Medicare card # _____ Expiration date: _____
 Week at camp: Day Camp Teen Camp Explorers Camp Adventure Camp LIT

Medical Background

Allergies, Asthma, Diabetes: _____
 Treatment: _____
 Medication: _____ Dosage: _____
 Medication: _____ Dosage: _____
 Medication: _____ Dosage: _____
 Past illnesses that could re-occur at camp: _____

 Physical condition that could hinder participation in activities: _____

 Other: _____

In case of emergency, if parents/guardians are unreachable, contact:

1. Full Name: _____
 Phone: _____ Relation to camper: _____
 2. Full Name: _____
 Phone: _____ Relation to camper: _____

If applicable, who had custody of the child?

(Please enclose a photocopy of a court order referring to visitation rights.)
 Full Name: _____

The parent/guardian has the responsibility to update the camp with any medical information changes that happened between the time this form was filled and the first day of camp.

By signing this form, you also give Camp Livingstone’s team permission to administer emergency first aid if necessary. You give permission to administer the following non-prescription medications if needed: acetaminophen, ibuprofen, antiemetic, antihistamine, anti-inflammatory, cough syrup, antibiotic cream, and homeopathic products. Should you have any restrictions or reservations about these, please indicate it in the “Other” section.

Signature of parent/guardian: _____ Date signed: _____