

HEALTH INFORMATION FORM – SPECIAL NEEDS CAMPOREE
COMPLETE AND RETURN WITH REGISTRATION IN A SEALED ENVELOPE WITH THE PARTICIPANT'S NAME CLEARLY PRINTED ON THE FRONT. ALL PARTICIPANTS MUST HAVE A COMPLETED HEALTH FORM.

PLEASE PRINT

PLEASE PRINT

Name _____ Male _____ Female _____

Address _____

City, State, Zip _____

Date of Birth _____ Age _____ Home Phone _____ Wk Phone _____

Name and Address of person to notify in case of emergency: _____

Daytime phone _____ Relationship to Child _____

ALLERGIES (Check if yes)

Hay Fever Asthma Insect Bites Ivy, Oak, etc.

Foods: _____ Drugs _____

Has now or often has (check if yes):

- | | | |
|---|---|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Breathing Difficulties | <input type="checkbox"/> Stomach/Digestion Problems | <input type="checkbox"/> Hearing Difficulties |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Ear Infections |

Condition requiring medications? Yes No

List: _____

Medication: _____ Dosage _____

Restricted Activities for Medical

Reasons: _____

Permission: **Hiking** Yes No **Running** Yes No **Fishing** Yes No

IMMUNIZATIONS – List Date of Last Inoculation

Tetanustoxoid _____	Measles _____
Polio _____	Mumps _____
Diphtheria _____	German Measles _____
D.P.T. _____	MMR _____

Signature if 18 or older:



This form must be signed by a parent or legal guardian if under 18. No one but the father, mother, or a legal guardian can legally give permission for treatment of a minor. Please be assured that in the event of an emergency, every effort will be made to contact the person named above as the emergency contact.

AUTHORIZATION TO TREAT A MINOR

I, (parent/guardian's name) _____, authorize the North Florida Council, Learning for Life, Inc. to approve emergency medical treatment for (child's name) _____.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Special Instructions or comments:

