

# Pathfinder

## MEDICAL INFORMATION

PLEASE PRINT CLEARLY

### 1. IDENTIFICATION

Camper Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: M  F  Birth date: \_\_\_\_\_ (D/M/Y)  
Religion: \_\_\_\_\_ Club Director: \_\_\_\_\_  
Pastor: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_ Expiration Date : \_\_\_\_\_

### 2. MEDICAL HISTORY

Heart trouble Yes  No  Pulmonary trouble Yes  No   
Diabetic Yes  No  Asthma Yes  No   
Hemophiliac Yes  No  Other diseases: \_\_\_\_\_  
Allergies Yes  No  Please specify: \_\_\_\_\_  
Food: \_\_\_\_\_  
Dairy products: \_\_\_\_\_  
Medicine: \_\_\_\_\_  
Are you presently on medication: Yes  No   
If Yes, specify: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_  
Date of polio immunization booster: \_\_\_\_\_

List any restriction of activities for medical reasons (Explain): \_\_\_\_\_

In case of an accident or illness, notify: \_\_\_\_\_  
(Parent/Guardian)

Home address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Work address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If not available, notify: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

### **FAMILY DOCTOR:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Hospital Number: (\_\_\_\_) \_\_\_\_\_

## **PARENTS AUTHORIZATION**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission, to the physician, selected by the adult leader in charge, to hospitalize, secure proper anaesthesia, or to order injection, treatment or surgery for my child. A photostatic copy of this shall be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian)

Any further suggestion from parents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **VERY IMPORTANT**

Please complete two (2) original forms for each camper:

**All information are strictly confidential.**