



# International Camporee

## “BELIEVE IN THE PROMISE”

August 5 to 11, 2024

## 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: \_\_\_\_\_

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## VERY IMPORTANT

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

**All information are strictly confidential.**