

Medical and Insurance Information

Medical History: Please check and put approximate date.

Hay Fever _____ Fainting Spells _____ Diabetes _____

Bronchitis _____ Earaches _____ Convulsions _____

Severe Cramps _____ Heart trouble _____ Asthma _____

Tetanus booster _____ Hypoglycemic _____ Other _____

Any allergies? _____

Any over-the-counter medications camper is not allowed to have?

Dietary Restrictions: _____

Recent Surgeries: _____

List prescription medications camper will bring:

Any other limitations or considerations we need to know?

Insurance Company _____