

Cazadero Performing Arts Family Camp Medical Form

First Name	Last Name	Age	Sex	Physician & Contact Info	Skipped or Incomplete Vaccines (ie MMR)	Date of Last Tetanus Shot

LIST TWO EMERGENCY CONTACTS (IF AVAILABLE, ONE AT CAMP AND ONE NOT AT CAMP)

Name: _____ Tel # or Email _____ Relationship: _____

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1. Please describe any medical or psychiatric conditions we should be aware of, including allergies, in any member of your group

2. Describe serious allergies (bee stings, nuts, etc). Who is allergic, how does it manifest, and what is your plan if it occurs at camp?

3. If you are bringing any medication to camp, should the nurse on call know its name, purpose, schedule, need for refrigeration?

4. Is the nurse on call authorized to give you or any member of your group any particular medication if you are unable to? If so, explain

5. Is the nurse on call authorized to give basic first aid to your group members less than 18 years old if you are unavailable? Yes _____ No _____

6. Anything else you want the nurse on call to know about any member of your group? _____

7. Are the members in your group all covered by health insurance? Insurance name _____ Policy # _____
 Other insurance name _____ Policy # _____ If you choose, list who is not covered _____

In case of emergency, I hereby give my permission to have myself and those listed above treated by the medical personnel or facility selected by the nurse on call and the Director of Cazadero Performing Arts Family Camp.

Print Name _____ Signature _____ Date _____

Address _____