CAMP VERTICAL EXTREME 2024 MEDICAL FORM

Camper #1 Name _____

Camper #2 Name _____

In the event of an accident or illness to the above listed child(ren), I do hereby authorize Camp VE to secure any necessary medical treatment in the event that I cannot be contacted immediately for notification or shall fail or refuse to remove the child after notification of illness and request for removal of the child, I hereby authorize the camp staff to take appropriate action for removal of the child from the premises. I also hereby agree to be responsible for all costs and expenses connected with examination, diagnosis, removal, or treatment of the child.

Child's Physician _____ **Phone** _____ **Hospital** _____

Insurance Co. _____ **Policy #** _____

My camper can have Acetaminophen ☐ **YES** ☐ **NO**
My camper can have Ibuprofen ☐ **YES** ☐ **NO**
My camper can use sunblock ☐ **YES** ☐ **NO**

REQUIRED

Father's/Guardian's Signature _____ **Date** _____

Mother's/Guardian's Signature _____ **Date** _____

Camper's Health History

(Please indicate Camper #1 or #2)

	Camper #1 YES	Camper #1 NO	Camper #2 YES	Camper #2 NO	*If YES, explain the condition and severity*
Allergies (Drug, Insect, Other)					
Diagnosis of asthma?					
Child wakes during the night coughing?					
Inhaler?					
Needs Epi Pen for bee sting or allergy?					
Birth Defect?					
Developmental Delay?					
Blood Disorder? (Hemophilia, Sickle Cell, Other)					
Diabetes?					
Head Injury/Concussion/Passed Out?					
Seizures?					
Heart Problems? Shortness of Breath?					
Heart Murmur?					
Dizziness or pain with exercise?					
Eye/Vision Problems? (crossed eye, drooping lids, squinting, or other) ☐ Wears glasses ☐ Wears contacts					
Ear/Hearing problems? ☐ Wears hearing aids					
Bone/Joint injury or Scoliosis?					
Difficulties with socialization?					
Special emotional needs?					
Loss of function of one of paired organs (eye/ear/kidney/testicle)?					
Hospitalization? (Date and Reason)					
Surgeries (Dates and Type)					
Serious injury or illness					
TB disease or skin test positive? (past or present)					
Family history of sudden death before age 50?					
Dental ☐ Braces ☐ Bridge ☐ Plate					

Other (concerns, medications):