

2017 SUSQUEHANNA CONFERENCE CAMP MEDICAL CONSENT FORM 1

Please complete and sign this medical consent form and mail, e-mail (scanned copy as .jpg or .pdf), or fax it to the Susquehanna Conference Camping Office with your registration form at least 2 weeks prior to your camper's event, so we can adequately prepare for any special/medical/dietary needs. The registration process is not complete until both the registration and medical consent forms are submitted.

.....
CAMP DATE _____ **CAMP #** _____

CAMPER INFO:

Camper's Last Name _____ First Name _____ M F Birthdate _____
Camper's E-mail _____
Camper Address (Street, City, Zip) _____
Home Ph () _____ Grade **ENTERING** Fall 2017 _____

| | |
|--|--|
| Name of Parent 1/ Guardian _____ | Name of Parent 2/ Guardian _____ |
| Address (if different from camper) _____ | Address (if different from camper) _____ |
| _____ | _____ |
| E-mail _____ | E-mail _____ |
| Home Ph () _____ | Home Ph () _____ |
| Work Ph () _____ | Work Ph () _____ |
| Cell Ph () _____ | Cell Ph () _____ |

Emergency Contact Person other than Parent: _____ Relationship: _____
Emergency Contact Ph () _____

INSURANCE/DOCTOR INFO:

Health Insurance Co. _____
ID/Policy No. _____ Group No. _____
Name of Primary Care Physician _____ Ph () _____
Date of last physical _____ (current) Height _____ Weight _____

List any medications the camper is currently taking

| Medication | Dosage | Instructions |
|------------|--------|--------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

List any food and/or drug allergies of the camper _____
What kind of reaction? _____

Are there any non-prescription medications you DO NOT want your child to receive? _____

Has camper had a tetanus shot in the past five years? Yes No

Has camper ever had hepatitis? Yes No

Does camper have a history of behavioral or emotional problems? Yes No

If yes, please describe _____

2017 SUSQUEHANNA CONFERENCE CAMP MEDICAL CONSENT FORM 2

CAMPER NAME _____ CAMP # _____

CIRCLE THOSE THAT APPLY AND EXPLAIN AS NECESSARY

- | | | | |
|----------------------------|----------------------|--------------------------------|------------------------------|
| ADHD | Bronchitis | Eye/Vision Problem | Learning Disability |
| Allergies | Concussion | Fainting | Nose Bleed |
| Anxiety | Convulsions/Epilepsy | Heart Defect/Disease | Poison Ivy |
| Asthma | Depression | Homesickness | Sleep Disorders/Sleepwalking |
| Bedwetting | Diabetes | Hypertension | Swimmer's Ear |
| Bleeding/Clotting Disorder | Ear Infections | Insect Stings | |
| Braces | Ear/Hearing Problem | Other Medical Conditions _____ | |

Explanation of above: _____

Disabilities: _____

Limitations or suggestions regarding activities: _____

Any other special needs, special care, or special diet: _____

Is there any other information about the camper that we should know in seeking to best minister to his/her needs at camp? (i.e. first time away from home, etc.) _____

If your child/youth has been taken off medications for the summer by you, the parent/guardian, we highly recommend those medications be taken during their week of camp so your child/youth will have a quality experience.

MEDICAL CONSENT AND AUTHORIZATION: In the event of an emergency or non-emergency situation requiring medical treatment of the camper during his/her attendance at the camp, I/we, the undersigned parent(s)/guardian(s) of the camper, give the Camp Health Director my/our consent and authorization for all medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of the camper, including but not limited to administration of first-aid, use of an ambulance, x-ray examination, administration of anesthesia, surgery and hospitalization.

Parent/Guardian Signature _____

Parent/Guardian Name (please print) _____

Relationship to the camper _____

Date _____

Susquehanna Conference Camp & Retreat Ministry
303 Mulberry Drive, Mechanicsburg, PA 17050-3179
toll-free: 800-874-8474 local: 717-766-7441 fax: 717-766-5976 e-mail: camps@susumc.org www.susumcamps.org