

MEDICAL CONSENT FORM
(Must be notarized to be accepted)

In the event of any emergency illness or accident, the Director of Camp or Camp Nurse will contact parents at the earliest possible moment. However, as contact cannot always be made immediately due to "no one at home", busy circuits, etc., we need emergency permission signed and notarized.

In the event that my child _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while in any part of the Family Camp of Florida Conference of the United Methodist Church, I hereby give my permission for any necessary hospitalization, medication, or surgery on recommendation of the attending physician after consulting the camp authorities, understanding that the camp authorities will contact me at the earliest possible moment.

I further authorize a routine visit to the physician should my child contract an illness needing medical attention and I agree to reimburse the Camp if this illness is not covered under their accident policy.

Signature of Parent or Guardian _____ PRINTED Name of Parent or Guardian _____

Work Phone (_____) _____ Home Phone (_____) _____

IF PARENT OR GUARDIAN CAN'T BE REACHED IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name & Relationship _____

Day Phone (_____) _____ Evening Phone (_____) _____

HEALTH RECORD
(To be brought to registration by camper)
(To be completed by parent or guardian and notarized)

Social Security Number _____

Name _____ Name Female Age _____

Has there been a recent exposure to a contagious disease? Yes No

If Yes, what and when? _____

Any allergies or reactions to:

Medications What _____

Aspirin Aspirin substitute Insect bites Insect stings Pollen

Poison ivy or oak Other _____

Any history of:

Congenital deformity or major disability What _____

Chronic infection of nose, throat, ears or sinus Asthma or lung disease Heart disease

Diabetes Hernia Tendency to faint Convulsive seizures/epilepsy

Sleep walking Bed wetting Athlete's foot

Has girl menstruated Yes No Has irregular or painful menses

Any recent operations, serious injuries or illness? _____

Other _____

List present medications _____

What restrictions, if any, should be observed in active life camp for your child? _____

Child must have had series of DPT, DT or Tetanus booster in past ten years. Tetanus inoculation date _____

TO BE COMPLETED BY A NOTARY PUBLIC

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

by (print name) _____ who is personally known to me, or has produced
(type of identification) _____ as identification and did not take an oath.

Notary Public (signature) _____ Commission number is _____

Name of Notary _____ Commission expires _____

(Notary Seal/Stamp)