

# MEDICAL RECORD

## Personal information

Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Weight  $\frac{\text{lbs}}$  \_\_\_\_\_ Height \_\_\_\_\_

## Medical information

Date of last tetanus vaccination: \_\_\_\_\_

Allergy to certain medications: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Recent surgeries: \_\_\_\_\_

Blood type:

A+  B+  AB+  O+

A-  B-  AB-  O-

Name of family doctor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

## Medical Insurance

Insurance policy # \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**\*PLEASE SEND A COPY OF YOUR DAUGHTER'S INSURANCE CARD!**

Sicknesses, accidents or hospitalizations in the last few years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your daughter currently have any illnesses or special medical needs?

\_\_\_\_\_

Does your daughter take any regular medications or prescriptions? if so, which ones and for what reason?

\_\_\_\_\_

\_\_\_\_\_

**\*\*all prescription drugs must be given to the camp nurse. She will have a time table, and assure that your daughter is taking prescriptions and medications on schedule.**

\_\_\_\_\_