HEALTH AND MEDICAL INFORMATION FORM

Your child's health form is confidential and may only be used by our staff (or emergency medical personnel). **Every camper needs a completed health form to participate in our summer camp program. Please fill out this form as completely as possible.** Thank you!

SECTION I – CONTACT INFORMATION

Camper Name: ____

LAST FIRST MIDDLE

Birth date: _____/_____/_____ (mm/dd/yyyy) Age: ______

Gender: Female Male Non-binary/self-describes: _________

Home Address: ____

STREET CITY STATE ZIP

Home Phone ___________________________

Parent/Guardian #1 Name: ______________________________________

Relationship: ______________________

Day Phone ___________________ Night Phone ___________________

Day Phone is: Home Work Cell Night Phone is: Home Work Cell

Parent/Guardian #2 Name: ______________________________________

Relationship: ______________________

Day Phone ___________________ Night Phone ___________________

Day Phone is: Home Work Cell Night Phone is: Home Work Cell

Additional Emergency Contact Name: ____________________________

Relationship: ________________

(In case we can't reach YOU)

Day Phone ______________________ Night Phone ______________________
Day Phone is: Home Work Cell Night Phone is: Home Work Cell

Family Physician Name____________________________ Phone____________________

SECTION II – INSURANCE INFORMATION
Is the camper covered by family medical/hospital insurance? Yes No

If yes, indicate Insurance Carrier: _______________________________
Group #____________________ Policy #______________________
Policy Holder's Name____________________________
Relationship to participant___________

SECTION III – MEDICATIONS

Will camper be taking medications while at camp? (circle one) Yes No
(Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

If camper will be taking medications while at camp, it is Illinois state law to secure your consent for medication distribution and for the use of medical devices. The medication can be self-administered (with parent/guardian permission) or administered by our staff. Please list all medications (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. When you check-in at camp, please provide all medications (in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

I give my permission as parent/guardian that my child can self-administer the medication or medical devices.

I want the medication or medical device administered by the camp staff. However, a limited amount of medication for life threatening conditions should be carried by my daughter. (i.e. bee sting kits, inhalers)

Medication_________________
Dosage______________ Take at what times_______________
Reason for Taking____
Prescribing Physician______________________________ Phone_______________________

Medication________________ Dosage______________ Take at what times_______________
Reason for Taking____
Prescribing Physician______________________________ Phone_______________________

Medication________________ Dosage______________ Take at what times_______________
Reason for Taking____
Prescribing Physician______________________________ Phone_______________________

SECTION IV – ALLERGIES

_____ Camper does not have any allergies

Please list all allergies:

____
____
____

Describe reaction and treatment

____
____
____
____
____

SECTION V – IMMUNIZATIONS

Please record the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, simply leave blank.

DPT (Diphtheria, Pertussis, Tetanus)..... _______
Tetanus Booster .... _______
Polio.. _______
MMR (Measles, Mumps, Rubella)............ _______

HIB (Haemophilus Influenza B)...... ______
Tuberculin Test .... ______
Varicella (Chicken Pox).................... ______
Hepatitis B .... ______

SECTION VI – HEALTH HISTORY

Please know that we value your privacy. Health History information is available only to camp staff and emergency medical personnel. The more information you provide, the better we can take care of your child.

Has the camper had a history of or is the camper prone to any of the following? (Please check all that apply):

- Recent Injury, Illness or Infectious Disease
- Asthma
- Frequent Ear Infections
- Dizziness During or After Exercise
- Heart Defect/Disease
- Bleeding/Clotting Disorders
- Mononucleosis (in last 12 months)
- Measles
- Mumps
- Hepatitis
- Fractures
- Head Injury
- Diarrhea or Constipation
- Wears Glasses or Contacts
- Wears a Medic Alert ID
- Chronic or Recurring Illness
- Homesickness
- Seizure Disorder or Convulsions
- Chest Pain During or After Exercise
- Hypertension
- Diabetes
- Chicken Pox
- German Measles
- Tuberculosis
- Joint Problems (Knees, Ankles)
- Frequent Headaches
- Eating Disorder
- Frequent Stomach Aches
- Been Hospitalized

Please provide an explanation for any checked:

____

____

____

____

We will be teaching some marching basics at the camp for our drumline participants. Please tell us about any physical activities that need to be limited due to illness or injury:

____

____

SECTION VII – AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Parent or Guardian Signature:

X____ Date________________

PHOTO RELEASE FORM

Please be advised that you may be photographed or videotaped during this camp. We will be taking photos and video to document this exciting event and capture the beautiful moments of the students learning, having fun, and making new friends for possible use on our website, social media platforms, or in our future advertising.

Yes, I give permission for photos or video of myself to used or posted on the Girls March website, social media, or in future advertising.

No, I do not give permission for photos or video of myself to be used or posted on the Girls March website, social media, or in future advertising.

______________________________ ______________
Signature Date

____
Print First and Last Name