**PA DISTRICT CAMP, U.P.C.I.**

**MEDICAL EMERGENCY FORM**

A separate Medical Emergency Form must be completed for each applicant. This form should be submitted with your Registration Form.

**CAMPER IS REGISTERED WITH:** Jr. Camp Sr. Camp Hyphen Camp Family Camp

**CAMPER'S PERSONAL INFORMATION *(please print)*:**

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­ Male Female Date of Birth \_\_\_\_\_­­\_\_\_\_\_ Age \_­­\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ State \_\_\_\_ Zip Code \_\_\_\_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone # ( ) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS *(please print)*:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

**CAMPER'S PHYSICIAN/DENTIST INFORMATION *(please print)*:**

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER'S INSURANCE INFORMATION *(please print)*:**

Do you have hospitalization insurance coverage? Yes No If you answered yes, please list your insurance

company's name and policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER'S HEALTH INFORMATION *(please print)*:**

Do you have any medication allergies, other allergies, medical conditions, or disabilities that require special attention?

Yes NoIf you answered yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURES:**

***Camper's Signature (if you are 18 years of age or older):***

*"I authorize a camp nurse or staff member to make emergency medical care decisions on my behalf, including medical attention at a medical facility, if I am incapable of making an informed decision myself due to injury or illness."*

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Camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian Signature (for newborns through 17 years of age):***

*"I authorize the providing of medical services in the event my child becomes ill or injured. I also authorize medical attention at a medical facility if deemed necessary by a camp nurse or staff member."*

Name of Parent/Guardian *(please print)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone # ( ) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

/ /

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST MEDICATIONS ON THE NEXT PAGE FOR:**

***All Jr. Campers (6-12 years of age)***

***All Sr. Campers (12-17 years of age)***

***All Hyphen Campers (high school graduates through 17 years of age)***

*Med. Emerg. Form*

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*REVISED 4/30/11*

**THE FOLLOWING CAMPERS MUST TURN IN ALL MEDICATIONS AT REGISTRATION AND THE CAMP NURSE WILL ADMINISTER THEM AS NEEDED:**

***Jr. Campers*** *(6-12 years of age) ●* ***Sr. Campers*** *(12-17 years of age only) ●* ***Hyphen Campers*** *(high school graduates through 17 years of age only)*

**LIST ALL MEDICATIONS, DOSAGES, AND TIMES MEDICINE SHOULD BE ADMINISTERED**

**NAME OF CAMPER TAKING THESE MEDICATIONS *(please print):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Name of Medication*** | ***Dosage and***  ***Times To Be Taken*** | ***SUNDAY*** | | | ***MONDAY*** | | | ***TUESDAY*** | | | ***WEDNESDAY*** | | | ***THURSDAY*** | | | | ***FRIDAY*** | | |
| ***Time***  ***Admin-***  ***istered*** | | ***Nurse's***  ***Initials*** | ***Time***  ***Admin-***  ***istered*** | | ***Nurse's***  ***Initials*** | ***Time***  ***Admin-***  ***istered*** | | ***Nurse's***  ***Initials*** | ***Time***  ***Admin-***  ***istered*** | | ***Nurse's***  ***Initials*** | ***Time***  ***Admin-***  ***istered*** | | ***Nurse's***  ***Initials*** | ***Time***  ***Admin-***  ***istered*** | | | ***Nurse's***  ***Initials*** |
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*Med. Emerg. Form*

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