



CAMP FIRE USA MEDICAL INFORMATION FORM

Program Name _____ Youth Adult
Name _____ Last _____ First _____ Middle _____

Address _____ Number and Street _____ City, State and Zip _____
Date of Birth _____ Sex _____ Age _____ Phone (____) _____

Parent/guardian/emergency contact _____
Home (____) _____ Bus (____) _____

Names of two alternates who may be contacted in case of emergency: _____

1. Name _____ Relationship _____ Phone (____) _____
2. Name _____ Relationship _____ Phone (____) _____

Council Name _____ Phone (____) _____
If youth, name of adult from council in attendance (if any) _____

Name of family physician _____ Phone (____) _____
Date last seen by family physician _____ Name and identification

number of family hospital/medical insurance _____
Employer through which insurance is received _____

Identification number of council insurance (if insured) _____
If participant has been under the care of a physician within the past 12 months or if there is any question about activity restriction, attach a statement from a physician indicating restrictions and noting any pertinent recommendations.

1. Any operations, serious injuries or chronic illnesses _____ If yes, specify: _____

2. Check communicable diseases to date: Measles Chicken Pox Mumps
 German Measles (Rubella) Other _____

3. Give year of last immunization booster for: Tetanus Toxoid _____ Polio _____
German Measles (Rubella) _____ Diphtheria _____ Measles _____
Mumps _____ Other _____

4. Name any known allergies: Food _____ Drugs _____
Plants _____ Animals _____ Insects _____ Other _____

Explain reaction and indicate medication used _____
(Medication for above should be brought with you.)

5. Check if prone to any of the following conditions:
 Fainting Convulsions Stomach Upsets Frequent Headaches
 Asthma or Respiratory Problems High Blood Pressure Heart Problems
 Restlessness or Sleepwalking Other _____
Any disability requiring accommodations in the form of special attention, auxiliary aids or Services, removal of physical or communications barriers, etc. (please specify) _____

6. The following are the auxiliary aids, services and/or special attention that I/my child require(s) to engage in the Camp Fire USA activity or event, as well as the physical and/or communications barriers that may need to be removed for me/my child to participate in the event: _____

7. List medication(s) and use, including insulin. (Should be in original container with prescription and/or store label.)
Medication _____ used for _____ when taken _____
Medication _____ used for _____ when taken _____
Do you need any assistance administering medication? _____ Is refrigeration needed? _____ Please explain _____

8. Any prior activity restriction? _____ If yes, specify _____
Any present activity restriction desired by participant, his or her parent, guardian or physician? _____ If yes, specify _____

I have completed the above information (with my parents, if a minor) and will assume the responsibility for restricting any activities agreed upon and listed above. I will exercise good judgement in regard to my own health, safety and well being at the Camp Fire USA event described above.

Signed _____ Date _____
I verify that the above medical information on my child, _____ is complete and accurate. I understand that my child must have had a physical examination within the past three years to participate in a resident camp program. The month and year of the physical was _____. I also understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting such participant. In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

Signed _____ Date _____
(Parent or Legal Guardian)

The above information is requested only to protect the safety of the participant and others. Camp Fire USA is committed to and does comply with the Americans with Disabilities Act in all respects and will utilize the information provided on this form only for the protection of the participant and other participants and/or to assist in making the accommodations required to permit the participant to fully take part in this Camp Fire USA activity.