



Medical Form Carolina Raptor Center Winter Camp

Camper's Name: _____ Birthdate: _____ Sex: _____

Street Address: _____

City State Zip _____

1st Parent/Guardian: _____ Mobile Phone: _____

Home Phone: _____ Work Phone _____

2nd Parent/Guardian: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

If parent(s)/guardian(s) are not available, who should we contact in case of emergency?

Emergency contact: _____ Home Phone: _____ Work

Phone: _____ Mobile Phone: _____ Password

(this must be known by anyone picking up your child): _____

Health Date of Information:

last physical: _____ Physician

Name: _____

Phone: _____

Allergies:

- Penicillin
- Hay fever
- Serious poison ivy
- Food allergies
- Insect stings
- Aspirin
- Other

(specify): _____

Immunizations (Please indicate month and year of last immunization. All immunizations must be up to date):

_____ DPT _____ Polio
 _____ MMR _____ TD
 _____ Hep A

Basic Health History:

- Frequent ear infections
- Heart defect
- Hypertension
- Asthma
- Convulsions
- Bleeding disorders
- Epilepsy
- Diabetes
- ADD/ADHD
- Chronic Illness, serious conditions (please explain) _____

Dietary Restrictions (please explain) _____

Limitations (please explain) _____