

**MN ELKS YOUTH CAMP
HEALTH EXAMINATION FORM**

To be completed by the parent:

Name: _____ Sex: F M Birth date: _____ Age: _____

Parent or Guardian _____ Phone: _____

In emergency notify _____ Phone: _____

Name of Dentist/Orthodontist _____ Phone: _____

Name of Family Physician: _____ Phone: _____

Do you carry family medical insurance? _____ If so, Name of Insurance Company _____ Policy or Group # _____

Please list any meds sent with child _____ The camp nurse/aid will be administering these meds.

PARENT'S AUTHORIZATION: This information is correct and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature _____ **Name Printed** _____

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Recommendations and Restrictions at Camp

Treatment to continue at camp _____

Medication to be administered at camp (name, dosage, frequency) _____

Known Allergies (Food, medication, or other) _____

Description of any limitation or restriction on camp activities _____

Dietary Restrictions

Please list any dietary restrictions that apply to this individual _____

Please obtain a copy of your child's physical within the last year and attach it to this health form.

We reserve the right to complete a health screening of each camper upon their arrival in order to be aware of any health concerns.