

Medical Information- ALL CAMPERS Deadline is June 7th!

Is this camper in general good health and able to participate in all normal camp activities? __YES __NO

In 'No' please explain: _____

Does your child have problems with any of the following?

| | | | | |
|---------------------|------------|------------|-----------|-------------|
| Hay Fever | Fainting | Penicillin | Bee Sting | Convulsions |
| Asthma | Poison Ivy | Sulfa | Allergies | |
| Other (name) _____: | | | | |

If any of the above is YES, please submit a statement of how the child has been treated and with what medication. Proper medication must be brought to camp and given to the Camp Director. All immunizations will be the responsibility of the family in consultation with your family physician or clinic. Give the most recent date of

DPT Series _____ DPT Booster _____ Polio Series _____ Polio Buster _____
Mumps _____ Tetanus Booster _____

Operations or serious injury and dates: _____

Food/Allergy Restrictions: _____

If the camper is to use an inhaler or epi-pen, please be sure it is sent to the camp every day and notify his/her teacher.

Please attach a note to indicate any physical, emotional, or psychological problem that will help us provide the best possible experience for your camper.

Insurance Information- ALL CAMPERS

INSURANCE AND MEDICAL SERVICES: **THE CAMPER'S FAMILY HEALTH INSURANCE IS USED FIRST.** Camp insurance covers, only if there is no family insurance. In case of emergency, the Day Camp uses available physicians in Strasburg, Stephens City, VA, and the Winchester Medical Center in Winchester, VA. The Day Camp does not provide an on-site nurse. We are approximately 3 miles from the Star Tannery Volunteer Rescue Squad.

Please give the date of the most recent physical examination:

Date: _____ Doctor: _____

Address: _____ Phone: _____

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs or videos including my child in camp publicity; for my son or daughter to be transported in privately owned vehicles to and from the camp which is in Virginia, or for approved out-of-camp activities, and for the release of medical records in case of illness or accident.

In case of emergency, I understand that every effort will be made to contact parents or guardians of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and order injections, anesthesia or surgery for my child named herein. Furthermore, I release Camp Paddy Run and the staff of the Day Camp at Camp Paddy Run from all responsibility in case of illness and/or accident.

Family Health Insurance Company: _____

Policy No.: _____ Date: _____

Signature of Parent or Guardian: