

CANS Medical Form Revised 10.1.17

Both sides must be completed by parent or guardian for participation at camp.
Bring this form to camp at the time of registration. Please PRINT CLEARLY using a pen.

Camp Brethren Heights, 9478 Brethren Heights Rd., Rodney, MI 49342.



Participant Information

Last Name: _____ First Name: _____ M.I. _____ Gender: M / F

Name preferred: _____ Birth Date: _____ Age: _____

Mailing Address: _____

Insurance Information: *Is the child covered by health insurance?* Y / N

Insurance Company: _____

Policy/Group Number: _____

Emergency Contacts

Parents'/Guardians' names: _____ Family email: _____

Home phone: _____ Work phone: _____

Dad's cell: _____ Mom's cell: _____

Who to call if parent/guardian is not available: _____ Relation to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Health History

Date of most recent medical exam: _____

Child's Physician: _____ Phone: _____

If you answer yes below, please explain on a separate sheet or in comment section below.

Has/does the child:

- | | | | |
|---|-------|---|-------|
| 1. Had any recent injury, illness or disease? | Y / N | 7. Ever been treated for emotional difficulties? | Y / N |
| 2. Have a chronic or recurring illness/condition? | Y / N | 8. Had mononucleosis in the past 12 months? | Y / N |
| 3. Ever been hospitalized? | Y / N | 9. Ever had frequent ear infections? | Y / N |
| 4. Ever had a seizure? | Y / N | 10. Ever been diagnosed with a heart defect/disease? | Y / N |
| 5. Have asthma? | Y / N | 11. Wear eye glasses, contacts or protective eyewear? | Y / N |
| 6. Have diabetes? | Y / N | 12. Other _____ | |

Allergies

Please list any allergies the child may have (*medications, insect stings, food or other*): _____

Restrictions

The following restrictions apply to this child; (attach additional paper if needed):

Dietary: _____

Explain any restrictions to activity (what **cannot** be done; what **adaptations or limitations** are necessary):

Medications

☐ My child will **not** be bringing any medication (prescription or non-prescription) to CANS.

☐ My child will be bringing the following medication (prescription or non-prescription) **in its original container labeled with the child's name**. Please list the medications below, use additional paper if needed.

Medication(s):	Dosage:	Time:	Reason for taking medication:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Immunization Record

Please give the date of the most recent boosters if known:

Polio _____ Mumps _____ Diphtheria _____ Tetanus _____ HIB _____

Measles _____ Rubella _____ Chicken Pox _____ Whooping Cough _____

Hepatitis B _____ Other _____

Anything else you would like our staff to know? _____

PARENT/GUARDIAN AUTHORIZATIONS:

The personal and medical information is correct and complete as far as I know. The person described has my permission to engage in all camp activities at Camp Brethren Heights as noted.

I give permission to the camp to provide routine health care, administer prescribed and OTC medications, and seek emergency medical treatment including ordering X-rays, routine tests and treatment. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I give permission to the physician/health officer selected by the camp to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for off-site camps.

Signature of parent or legal guardian: _____ Date: _____

Printed name: _____ Phone number: _____

The information on this form is kept in strict confidence by Camp Brethren Heights directors, counselors & health officers.

Complete both sides of this form; keep a copy for your records. This form may be photocopied.

Printable forms and all program information are available at www.campbrethrenheightsmi.org or call us at (231) 867-3618.