HƯỚNG ĐẠO TRƯỞNG NIÊN
BÁCH HỢP VI MEDICAL CONSENT

Please complete all pages and sign this medical consent form.

Camper Last Name ___________________________________ First Name ____________________________

Birthdate (DD/MM/YYYY) _____ / ______ / ______________ Male Female

Best E-mail ___________________ Home Phone _______________ Cell Hone ______________________

Camper Address ____ State ____ Zip ________

Home Phone __________________ Work Phone _________________ Cell Phone ___________________

Emergency Contact Person: _______________________________ Relationship:_________________

Emergency Contact Phone ____

INSURANCE/DOCTOR INFO:

Health Insurance Co. ____

ID/Policy No. Group No. ____

Name of Primary Care Physician Phone ____

Date of last physical (current)___________________ Height _____________ Weight _________________

List any medications the camper is currently taking:

Medication Dosage Instruction

_____________________ _______________________ _______________________________ ________________

_______________________ _______________________________ ____

List any food and/or drug allergies of the camper:

____

____

What kind of reaction?

____

____

Has camper had a tetanus shot in the past five years? □Yes □No

Has camper ever had hepatitis? □Yes □No

Does camper have a history of behavioral or emotional problems? □Yes □No

Has camper ever had complete hepatitis shots ? □Yes □No

Has camper had Tuberculosis test ? □Yes □No.

If yes, please describe:

____

____

CHECK BOX THOSE THAT APPLY AND EXPLAIN AS NECESSARY

□ADHD Bronchitis Eye/Vision Problem Learning Disability
□Allergies Concussion Fainting Nose Bleed
□Anxiety Convulsions/Epilepsy Heart Defect/Disease Poison Ivy
□Asthma Depression Homesickness Sleep Disorders/Sleepwalking

□Bedwetting Diabetes Hypertension Swimmer's Ear
□Bleeding/Clotting Disorder Ear Infections Insect Stings
□Braces Ear/Hearing Problem Other Medical Conditions
□Allergies (dust, pollen and foods like seafoods…)
□History of heart attack even minor one.
□History of diabetes (border line hay chronic)

Explanation of above:

____

____

Disabilities:

____

____

Limitations or suggestions regarding activities:

____

____

Any other special needs, special care, or special diets:

____

____

Is there any other information about the camper that we should know?

____

____

MEDICAL CONSENT AND AUTHORIZATION: In the event of an emergency or non-emergency situation requiring medical treatment of the camper during attendance at the camp, I give the Camp Health Leaders my consent and authorization for all medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of the camper, including but not limited to administration of first-aid, use of an ambulance, x-ray examination, administration of anesthesia, surgery and hospitalization.

Camper Signature _________________Name (print) _____________________ Date____________________