Rancho Cortez Camp Form
Emergency Contact and Health Record

Child's Name _____ Date of Birth _____ M F Sex

Parent's/Guardian's Name _____ Parent's/Guardian's Name _____

( ) Home Phone _____ ( ) Work Phone _____ ( ) Home Phone _____ ( ) Work Phone _____

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Alternative Emergency Contacts

Primary Emergency Contact _____ Secondary Emergency Contact _____

( ) Home Phone _____ ( ) Work Phone _____ ( ) Home Phone _____ ( ) Work Phone _____

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Medical Information

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy ID Number and Group Number _____

Insurance Company Member Services Phone Number _____ Insurance Company Address _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release Rancho Cortez and individuals from liability in case off accident during activities related to Rancho Cortez.

Parent's/Guardian's Signature _____ Date _____

Witness Signature _____ Date _____

Health History – *please describe conditions and provide dates*

Operations or serious injuries: _____

Hospitalization: _____

Other Diseases/disabilities: _____

Comments – *where applicable*

Fainting: _____

Bed Wetting: _____

Constipation: _____

Sleep Disturbances: _____

Menstrual Cramps: _____

Nosebleeds: _____

Emotional Disturbances: _____

Specific Activities to be Encouraged: _____

Special Dietary Regimen: _____

Check All That Apply

Childhood illness:	☐ Measles ☐ Mumps ☐ Rubella ☐ Chickenpox ☐ Rheumatic Fever ☐ Polio ☐ German Measles ☐ Tuberculosis ☐ Kidney
Allergies:	☐ Animals -- list: ☐ Food – list: ☐ Hay Fever – list: ☐ Insect Stings – list: ☐ Medicine Drugs – list: ☐ Plants – list: ☐ Pollen – list: ☐ Other – list:
Chronic or Reoccurring Illnesses:	☐ Ear Infections ☐ Heart Defect/Disease ☐ Seizures ☐ Bleeding Disorders ☐ Asthma ☐ Hypertension ☐ Diabetes ☐ Musculoskeletal Disorders ☐ Sinusitis ☐ Other – list:
Suggestions from Parent:	☐ Yes, my daughter has permission to take or use the following: ☐ Tylenol/Acetaminophen ☐ Sudafed/Decongestant ☐ Benadryl/Antihistamine ☐ Peto Bismol ☐ Tums/Anti-acid ☐ Robitussin/Expectorant ☐ Swimmer's Ear/Alcohol-Vinegar Solution

Record of Immunization

Immunization	Year Primary Series Completed	Year of Last Booster
☐ DTap: Diphtheria Pertussis (Whopping Cough) Tetanus (with in last 10 years)		
☐ Td		
☐ Oral Polio/IPV		
☐ Measles		
☐ Mumps		
☐ Rubella		
☐ HiB		
☐ HepB		
☐ Tuberculin Test	Year Last Given:	Result:
☐ Typhoid and Paratyphoid		
☐ Cholera		
☐ Yellow Fever		
☐ Typhus		
☐ Rocky Mountain Spotted Fever		

Health Information Privacy Statement:

The HEALTH EXAMINATION RECORD is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring council until it is destroyed. Access to information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative.

I have read the above procedures for handling health form information and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

SIGNATURE: _____

(Parent or Guardian)

DATE: _____

Please attach any additional information necessary.