



MEDICAL FORM

This form provides student information to medical professionals in the event of injury or illness during Penny’s Camp, and authorizes camp personnel to obtain emergency medical care. **PLEASE FILL THIS OUT AHEAD OF TIME & BRING IT WITH YOU TO CAMP CHECK-IN! PARENT SIGNATURE REQUIRED!**

I. CAMPER INFORMATION

Camper Name _____ Date of Birth ____ / ____ / ____

Address _____ Phone _____

City/State/Zip _____ Grade (next fall) _____

School _____ Gender _____

Known Allergies: _____

Present medical conditions that should be noted: _____

List any prescription or non-prescription medications the student takes on a regular basis: _____

Previous Surgery: _____ Date of Surgery: _____

Last Tetanus Shot Date: _____ Allergy to drugs: _____

Camper’s Physician _____ Phone # _____

Health Insurance Company _____

Insurance Policy # _____ Phone# _____

II. PARENT/GUARDIAN INFORMATION *(To be notified first in case of emergency)*

Name _____ Name _____

Phone #s Home _____ Phone #s Home _____

Work _____ Work _____

Cell _____ Cell _____

III. Other persons to notify in case of emergency if parent/guardian is unavailable

Name	Relationship	Daytime Ph. #	Evening Ph. #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

IV. Medical Consent

I, the undersigned parent or legal guardian of _____, grant full permission to any physician or hospital to take any action deemed necessary in case of an accident or illness.

I give my permission to the camp nurse and/or other persons of authority to administer first aid to the named individual.

I also give permission for the above named individual transported by ambulance, police, or private vehicle to a hospital or doctor’s office if deemed necessary.

I agree to hold harmless Penny’s Marching Arts Training Camp, Eckerd College / the School District of Indian River County and other persons of authority participating in the medical treatment of the above named individual.

I guarantee payments of all expenses and charges associated with such treatment including physician, hospital, medication, laboratory, transportation, etc.

Parent/Guardian Signature

Printed Name

Date