

**MEDICAL Information Form for Peace Camp 2013 - June 28, 29, 30**

Please fill out the medical information for each camper. This form is to be used in case of emergency and will otherwise be kept confidential. *Continue on back or Copy form if more space is needed.* If you are under 18 and coming to camp, the form must be signed by your parent or guardian.

Insurance Co.: \_\_\_\_\_ Member number: \_\_\_\_\_ Group Number: \_\_\_\_\_

1) Adult (18 or over) Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Any medical conditions, illnesses, recent surgeries or any information necessary in case of emergency treatment: \_\_\_\_\_  
Known allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
May share with healthcare in emergency: \_\_\_\_\_

*Signature X*

2) Adult (18 or over) Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Any medical conditions, illnesses, recent surgeries or any information necessary in case of emergency treatment: \_\_\_\_\_  
Known allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
May share with healthcare in emergency: \_\_\_\_\_

*Signature X*

1) Child (Under 18) Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Any medical conditions, illnesses, recent surgeries or any information necessary in case of emergency treatment: \_\_\_\_\_  
Known allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
May share with healthcare in emergency: \_\_\_\_\_

*Signature of Parent or Guardian*

2) Child (Under 18) Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Any medical conditions, illnesses, recent surgeries or any information necessary in case of emergency treatment: \_\_\_\_\_  
Known allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
May share with healthcare in emergency: \_\_\_\_\_

*Signature of Parent or Guardian*

3) Child (Under 18) Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Any medical conditions, illnesses, recent surgeries or any information necessary in case of emergency treatment: \_\_\_\_\_  
Known allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
May share with healthcare in emergency: \_\_\_\_\_

*Signature of Parent or Guardian*