

XLR8 High School Camp Medical Release

Medical History

School _____ Program Dates _____

Student Name _____ Age _____ Birthdate _____

Parent or Guardian Name _____

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Emergency Contact Person in Case Parent/Guardian Cannot Be Reached

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Health Care Provider

Medical Insurance Company _____ Policy # _____

Physician or Clinic Name _____ Phone # _____

Dental Insurance Company _____ Policy # _____

Dentist Name _____ Phone # _____

Check Any Conditions Which Apply

Diabetes _____ Chronic Headache _____ Heart Condition _____

Seizures _____ Nose Bleeds _____ Asthma _____

Fainting _____ Sleep Walking _____ Other _____

Describe "Other" medical condition: _____

Immunization Dates

Tetanus _____ Polio _____ Measles _____ Mumps _____ Rubella _____

List Allergies

Foods _____ Insects _____ Drugs _____

Condition Requiring Medication _____ Medication and Dosage _____

Medications to Avoid _____ Physical Disabilities _____

Restriction of Activities _____