

TO BE COMPLETED BY PARENT/GUARDIAN

	<h2>Green Mountain Conservation Camp Medical Certificate</h2>
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All medical information is kept confidential, and shredded at the end of each camp season. Providing complete information allows our camp staff to fully meet the needs of your child.

Camper Information:

Camper Name: _____
Parent/Guardian Name(s) _____
Address: _____
Camper Age _____ Date of Birth _____
Home Phone (Days) _____ (Evenings) _____
Work Phone: (Mother) _____ (Father) _____
Cell Phone: (Mother) _____ (Father) _____

Emergency Contact Information:

(This Must Be Someone Other Than a Parent)

Name: _____
Address _____
Phone (Days) _____
Phone (Evenings) _____
Phone (Cell) _____

Physician Information:

Name: _____
Practice Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Medical Insurance Information: * GMCC Has No Health Care/Medical Coverage for Campers**

Name of Medical Insurance Carrier: _____
Group Number (if applicable): _____ ID Number (if applicable): _____
Medicaid Number (if applicable): _____

- I understand that as parent/legal guardian, that I am responsible for health insurance/coverage for my child while attending the Green Mountain Conservation Camps.

- By checking this box I give my permission for my child to participate in the Green Mountain Conservation Camps and in the event of sickness or injury; I give my permission for my child to be treated by a doctor or hospital at my expense.

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Parent/Guardian P.2

It is essential for us to know about your child's physical, emotional, psychological, or other behavioral issues so that we can make his/her camping session a wonderful learning and fun experience. Please don't hesitate to share these issues on the registration form (all registration materials are confidential) or speak directly to the Camp Director or Assistant Director upon arrival at camp.

Additional Comments/ Information We Should Know About Your Child: _____

Parent/Guardian: Signature _____ Date: _____

TO BE COMPLETED BY PHYSICIAN

Medical Certificate –Page 1

Exact Date of last physical: _____ **(mm/dd/yyyy)** Last physical (must be within previous 2 years of date of camp session).

List of Allergies Yes No

If “Yes” Please check all boxes that apply

	Medication Taken	Dosage	When Taken
Seasonal	<input type="checkbox"/>		
Animal Dander	<input type="checkbox"/>		
Penicillin	<input type="checkbox"/>		
Amoxicillin	<input type="checkbox"/>		
Sufla Drugs	<input type="checkbox"/>		

Dietary Needs and/or Restrictions Yes No

If “Yes” Please check all boxes that apply

Gluten Free Required	<input type="checkbox"/>		
Lactose Intolerant	<input type="checkbox"/>		
Peanut Allergy	<input type="checkbox"/>		
Shell Fish Allergy	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Existing Medical Conditions (ie ADD/ ADHD) Yes No

If “Yes” Please Complete below

	Medication Taken	Dosage	When Taken
Asthma	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>		
Diabetic	<input type="checkbox"/>		
ADD	<input type="checkbox"/>		
ADHD	<input type="checkbox"/>		
Asperger’s	<input type="checkbox"/>		
Dyslexia	<input type="checkbox"/>		
Insomnia	<input type="checkbox"/>		
Bed Wetting	<input type="checkbox"/>		
			OVER →

TO BE COMPLETED BY PHYSICIAN – Page 2

Medical Certificate – Page 2

Ear, Nose, Throat: _____

Lungs: _____ Hernia: _____ Blood Pressure _____

DPT, DT or Tetanus toxiod: _____ Date Given: _____

Height: _____ Weight: _____

Comments _____

Dr. Signature: _____ **Date:** _____
(Physician's Signature)

Address: _____

Phone: _____

Parent Reminders:

- 1) Bring this form is to Camp Check-in time.
- 2) It is our preference that you use our Medical Certificate form
- 3) Camper must have been examined within the last two (2) years prior to the date he/she is attending camp.