

MEDICAL INFORMATION

Camper's Name _____

Please fill in the following information as completely and accurately as possible. Any medication that the camper is currently using along with a letter describing dosages, frequency, and instructions concerning the medication or any treatment must be turned in with this application.

Health History

| CONDITIONS-check all that apply | DISEASES-dates of infection | ALLERGIES- check all that apply | |
|--|---|--|--|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> chest pains | <input type="checkbox"/> chicken pox | <input type="checkbox"/> hay fever |
| <input type="checkbox"/> heart defect-disease | <input type="checkbox"/> dizziness | <input type="checkbox"/> measles | <input type="checkbox"/> ivy poisoning |
| <input type="checkbox"/> convulsions | <input type="checkbox"/> epilepsy | <input type="checkbox"/> German measles | <input type="checkbox"/> insect stings |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> arthritis-joint problems | <input type="checkbox"/> mumps | <input type="checkbox"/> penicillin |
| <input type="checkbox"/> bleeding disorders | <input type="checkbox"/> back problems | <input type="checkbox"/> other drugs | |
| <input type="checkbox"/> hypertension | <input type="checkbox"/> operations-injuries | <input type="checkbox"/> asthma | |
| <input type="checkbox"/> mononucleosis | | <input type="checkbox"/> other (food, etc....) | |
| | | _____ | |

The proposed activities provided by **Camp Triumph** require participation in physical exercises which are, by their nature, physically demanding. Many of the activities, including, but not limited to, challenge course activities, soccer, go-karts, basketball, volleyball, ... will or may challenge you, and could cause surges in blood pressure and pulse rates. It is imperative that you are free from any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination. If you checked any of the above- inquired conditions, it is solely your responsibility to receive the necessary approval from the appropriate health care providers for your participation in all physical activities. If more information is needed regarding such activities, please contact Camp Triumph personnel.

Physician or healthcare provider: _____ Phone: _____

Health-related information for **Camp Triumph** personnel: _____

Activities encouraged or limited by physician or guardian: _____

Dietary restrictions: _____

Current medication (send with instructions): _____

Reason for taking above medication: _____

Other diseases or details from above checklist: _____

Are any special requirements or attention needed? If so, please explain _____
